

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H06935** (1)
1. Corporation Name
MORALES CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
6900 PHILLIPS HIGHWAY #11
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified **06/05/1984** 3a. Date of Last Report **04/14/1995**
4. FEI Number **59-2418328** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

GARTNER, W. A.
1660 PRUDENTIAL DR, SUITE 203
SUITE 600
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MORALES, R. JR.	
STREET ADDRESS	6900 PHILLIPS HWY STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	DELETE
NAME	MORALES, M.C.	
STREET ADDRESS	6900 PHILLIPS HWY STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	DELETE
NAME	GARTNER, W.A.	
STREET ADDRESS	1660 PRUDENTIAL DR #203	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	DELETE
NAME	MORALES, RICARDO III	
STREET ADDRESS	6900 PHILLIPS HWY STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASD	DELETE
NAME	HOWARD, MARCIA M.	
STREET ADDRESS	50 N LAURA ST., STE. 2750	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	MORALES, R. JR.	
1.3 STREET ADDRESS	6900 PHILLIPS HWY STE 11	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.1 TITLE		Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.1 TITLE		Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.1 TITLE	PD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	MORALES, RICARDO III	
4.3 STREET ADDRESS	6900 PHILLIPS HWY STE 11	
4.4 CITY-ST-ZIP	JACKSONVILLE FL	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.1 TITLE		Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
6.1 TITLE	VPD	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
6.2 NAME	KING, THOMAS FITCH III	
6.3 STREET ADDRESS	6900 PHILLIPS HWY STE 11	
6.4 CITY-ST-ZIP	JACKSONVILLE FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attaching agent with an address.

SIGNATURE: **Ricardo Morales, III, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

904-296-9559

Daytime Phone #

CR2E034 (12/95)