

**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



**FILED**  
 Jun 19 1996 8:00 am  
 Secretary of State

**DOCUMENT # H61187**

1. Corporation Name  
 Mor-Lite, Inc.

Principal Place of Business Mailing Address  
 10841 75th Street N.  
 Largo, FL 34647

3. Date Incorporated or Qualified 6/6/85  
 3a. Date of Last Report 4/4/95

2. Principal Place of Business 21 7207 114th Ave. N.  
 2a. Mailing Address 26 7207 114th Ave. N.

4. FEI Number 59-2546621  
 Applied For Not Applicable

22 Unit A  
 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Largo, Florida  
 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 34643 25 U.S.A.  
 Zip Country

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

29 34643 30 U.S.A.  
 Zip Country

9. Name and Address of Current Registered Agent  
 Huey K. McAlpin  
 10841 75th St.  
 Largo, FL 34647

10. Name and Address of New Registered Agent  
 81 Name Kenneth M. McAlpin  
 82 Street Address (P.O. Box Number is Not Acceptable) 7207 114th Ave. N.  
 83 Unit A  
 84 City Largo, FL 85 Zip Code 34643

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 *Kenneth McAlpin* *Sandra B. Morham* 6-4-96  
 Signature (typed or printed name of registered agent and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Huey K. McAlpin	
STREET ADDRESS	10841 75th Street North	
CITY - ST - ZIP	Largo, FL 34647	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Kenneth M. McAlpin	
STREET ADDRESS	10841 75th Street N.	
CITY - ST - ZIP	Largo, FL 34647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth M. McAlpin	
1.3 STREET ADDRESS	7207 114th Avenue N., Unit A	
1.4 CITY - ST - ZIP	Largo, FL 34643	
2.1 TITLE	Sec./Treas./Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Huey K. McAlpin	
2.3 STREET ADDRESS	7207 114th Ave. N., Unit A	
2.4 CITY - ST - ZIP	Largo, FL 34643	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 \*\*\*225.00

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 receiver 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 on an attachment with an address.

SIGNATURE: *Kenneth M. McAlpin* 6-4-96 (800) 678-6960  
 Signature (typed or printed name of officer or director) Date Daytime Phone #

CR2E034 (12/95)

*6-19-96*  
*JB*