

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H86427** (2)

1. Corporation Name

ROY J. MORGAN, P.A.



Principal Place of Business

**221 NORTH JOANNA AVE
TAVARES FL 32778-3217
US**

Mailing Address

**221 NORTH JOANNA AVE
TAVARES FL 32778-3217
US**

3. Date Incorporated or Qualified

11/21/1985

3a. Date of Last Report

05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**MCDONALD, ROGER J.
1218 E. ROBINSON STREET
ORLANDO FL 32801**

4. FEI Number

59-2597285

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PST
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
MORGAN, ROY J.
221 N. JOANNA AVENUE
TAVARES FL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: **ROY J. MORGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
DATE

904343-8887
Daytime Phone #

CR2E034 (12/95)