

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J19205 (0)

1. Corporation Name

JOSEPH P. MORGAN & ASSOCIATES, INC.

Principal Place of Business

4004 ORTEGA BLVD.
PO BOX 75, 4004 ORTEGA BLVD
JACKSONVILLE FL 32210

Mailing Address

4004 ORTEGA BLVD.
PO BOX 75, 4004 ORTEGA BLVD
JACKSONVILLE FL 32210



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt., etc.	26	Suite, Apt., etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

MORGAN, JOSEPH P.
4004 ORTEGA BLVD
PO BOX 75
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

06/11/1986

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2719004

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Claire F. Morgan Claire F. Morgan, Secretary/Treasurer

March 6, 1996

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MORGAN, JOSEPH P.	
STREET ADDRESS	4004 ORTEGA BLVD/POB 75	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	MORGAN, CLAIRE F.	
STREET ADDRESS	4004 ORTEGA BLVD/POB 75	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 to this filing.

SIGNATURE: *Claire F. Morgan* Claire F. Morgan, Secretary Treasurer 3/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)