FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # J59684 **(7)**

1. Corporation Name

MORGAN CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
26133 US HWY 19 N. STE 312 CLEARWATER FL 34623 US	PO BOX 1325 DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1987
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2897256 ☐ 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

9. Name and Address of Current Registered Agent

SKELTON, ROY C.
26133 US HWY 19 N
STE 310
CLEARWATER FL 34623

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: Roy C. Skelton — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — ROY C SKELTON — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	MORGAN, RONALD	1.2 NAME	MORGAN, MARY ANN	
STREET ADDRESS	1861 MARLA CT	1.3 STREET ADDRESS	1861 MARLA CT.	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		2.2 NAME	AMBACE, JOHN T	
STREET ADDRESS		2.3 STREET ADDRESS	CLEARWATER, FL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1979 CAROLINA CT.	
TITLE		3.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME		3.2 NAME	MORGAN, MARY ANN	
STREET ADDRESS		3.3 STREET ADDRESS	1861 MARLA CT.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		4.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME		4.2 NAME	LESZEWSKI, PATRICIA G.	
STREET ADDRESS		4.3 STREET ADDRESS	3408 TRIGGERFISH DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Patricia G Leszewski Sec — 813-725-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461770 FP