

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J59684** (7)

1. Corporation Name
MORGAN CONSTRUCTION CORPORATION



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

3. Date Incorporated or Qualified: 02/27/1987
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2897256
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 (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields.

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] DATE: _____
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent's address appears in block 9.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	VP MORGAN, MARY ANN 1861 MARLA CT DUNEDIN FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORGAN, MARY ANN		2. NAME	
STREET ADDRESS: 1861 MARLA CT		3. STREET ADDRESS	
CITY-STATE-ZIP: DUNEDIN FL		4. CITY-STATE-ZIP	
TITLE: VP	VP BAMBACE, JOHN T. 1979 CARDLINA CT. CLEARWATER FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAMBACE, JOHN T.		2. NAME	
STREET ADDRESS: 1979 CARDLINA CT.		2.3 STREET ADDRESS	
CITY-STATE-ZIP: CLEARWATER FL		2.4 CITY-STATE-ZIP	
TITLE: T	T MORGAN, MARY ANN 1861 MARLA CT. DUNEDIN FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORGAN, MARY ANN		3.2 NAME	
STREET ADDRESS: 1861 MARLA CT.		3.3 STREET ADDRESS	
CITY-STATE-ZIP: DUNEDIN FL		3.4 CITY-STATE-ZIP	
TITLE: S	S LESZEWSKI, PATRICIA G. 3408 TRIGGERFISH DR. HERNANDO BCH FL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LESZEWSKI, PATRICIA G.		4.2 NAME	
STREET ADDRESS: 3408 TRIGGERFISH DR.		4.3 STREET ADDRESS	
CITY-STATE-ZIP: HERNANDO BCH FL		4.4 CITY-STATE-ZIP	
TITLE: [DELETE]		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [DELETE]		5.2 NAME	
STREET ADDRESS: [DELETE]		5.3 STREET ADDRESS	
CITY-STATE-ZIP: [DELETE]		5.4 CITY-STATE-ZIP	
TITLE: [DELETE]		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [DELETE]		6.2 NAME	
STREET ADDRESS: [DELETE]		6.3 STREET ADDRESS	
CITY-STATE-ZIP: [DELETE]		6.4 CITY-STATE-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)(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: X [Signature] DATE: 813-725-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)