## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State **Katherine Harris**

04-27-1999 90034 038 \*\*\*150.00

1. Corporatio	n Name	•					
MORGA	N CONSTRUCTION CORPO	DRATION					
					# (BB#H) B (B) B) # ## ## (B) B) ##		<u>                                   </u>
Principal Plac	e of Business	Mailing Address				,,, 4,4,, 5,6,, 6,6,	
2430 ESTANCIA BLVD PO BOX 1325							
CLEARWATER FL 34621 DUNEDIN FL 3469					DO NOT WOITE IN T	110 0DACE	
US US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 02/27/1987		(
		To Mailing Address			4. FEI Number		Applied For
2. Principal Place of Business		2a. Mailing Address			59-2897256	<b>├</b>	Not Applicable
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			39 2097230		Additional
<b>¬</b>		27			5. Certifc ate of Status Desired	•	Recuired
City & Stat		City & State		<u> </u>	6. Election Campaign Financing	\$5.00	0 May Be
<del></del>		28			Trust Fund Contribution	•	tc Fees
Zip	Cour try	Zip	Coul	ntry	8. This corporation owes the current year		
24	25	29	30		Person at Property Tax.		
	9. Name and Address of Curre		1001		10. Name and Address of New Registers	ed Agent	
				81 Name			
	ELTON, ROY C.			82 Street Acc	dress (P.O. Box Number is Not Acceptable)		
280	50 US 19 N			82 Street ACC	dress (P.O. Box Number is 140t Acceptable)		
STE	210			83			
CLE	ARWATER FL 34621						0.1
				84 City	F		Code
SIGNATUF E	am familiar with, and accept the oblig			Agent signature requi	red when reinstating) DATE		
12.	Signature, typed or printed na ne of registered ag	NI) DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	OF:S IN 12
TITLE	VP OT TOURS A	☐ DELETE	1.1 Til	ne T		Change	
NAME	MORGAN, MARY ANN	<del></del>	1.2 NA				
STREET ADDRESS	ACCA MADIA CT			REET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		>	ry-st-zip			
TITLE	T	D€LETE	2.1 717			Change	e 🔲 Addition
NAME	MORGAN, MARY ANN		2.2 NA	ME			ļ
STREET ADORESS	4004 14101 4 OT			REET ADDRESS			[
CITY-ST-ZIP	DUNEDIN FL		1	ITY-ST-ZIP			· ·
TITLE	P	DELETE	3.1 TII			Change	e 🔲 Addition
NAME	MORGAN, RONADL E	•	3.2 NA	ME			
STREET ADDRESS	JOOA STADLA OT			REET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			TY-\$T-ZIP			
TITLE		☐ DELETE	4.1 TIT			Chang	e Addition
NAME			4 2 N	AME			1
STREET ADDRESS			4.3 ST	REET ADDRESS			1
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI			Chang	e Addition
NAME	1		5 2 NA	ME			
STREET ADDRESS	s		5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	TLE .		Chang	e
NAME			6.2 NA	WE			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP		. 1)	6.4 CI	TY-ST-ZIP			
					0 11 110 03 (0) (1) Ft -11 01 1 1 1 1 1		

14. Thereby certify that the information supplied with this filling 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 attach ment with an address, with all other like empowered.

SIGNATURE: \_

PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

Daytime Phone #