FILED

Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J61744

1. Corporation Name

MORGAN'S LANDING, INC.

	<u></u>					(BII 8:81 (88)
Principal Place of Business Mailing Address					}	.,,,		
105 15TH AVENUE SE 105 15TH AVENUE SE								
ST PETERSBURG FL 33701-605 ST. PETERSBURG FL 37015-05					DO NOT WRITE IN THIS SPACE			
US US						TE IN THIS S		
					3. Date Incorporated or Qualifed			
	· · · · · · · · · · · · · · · · · · ·				03/13/1987 4. FEI Number			liad Fad
2. Principal Pl	ace of Business	2a. Mailing Address					- 	olied For
21		26			<u>59-2791681</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	1
22	27							
City & State	8	City & State	¬ ´		6. Election Campaign Financing		\$5.00 to Added to	
23	- Constant	Zip	Country		Trust Fund Contribution			71662
Zip	Country	_ 	Country		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29 30			10. Name and Address of New			
Name and Address of Current Registered Agent					To: Harite dire your cost of the to		3	$\neg \neg$
MORGAN, F.C.				Name				
200-2ND AVENUE SOUTH					Address (P.O. Box Number is Not Accept	able)		
ST. PETERSBURG FL 33701					.159 Ave SE			
SI. PEIENSBURG IE 30701			83		•			
			84	City	1 .		85 Zip C	
				Sr/	exersbury	<u> </u>		207
office or re	ngistered easet or both in the State	o of Florida. Such change was autho	mzed hv	the como	corporation submits this statement for the tration's board of directors. I hereby acce	purpose of c the appoint	nanging its i iment as rec	registerea jistered
, agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	•
SIGNATURE	8				•			
OIGIATIONE	Signature, typed or printed name of registered ag			nt signature re	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		☐ Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE	ļ			Change	☐ Wooggon
NAME	MORGAN, F.C.		1.2 NAME		4 MA 50			
STREET ADDRESS	200-2ND AVENUE SOUTH		1.3 STREE	T ADDRESS	105-150 AD 18		_	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-8	t-ZIP	105-15th AM SE STRANSBURY FL	<u>. 3370</u>	<u> </u>	
TITLE			2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	ľ				
STREET ADDRESS		1	2.3 STREE	T ADDRESS				\$
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	[Change	Addition
NAME		ı	3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4,3 STREE	T ADDRESS				
C/TY-ST-Z/P			4.4 CITY- S	ST-ZIP				
TITLE			5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
		Ī	5.3 STREE	T ADDRESS		•		}
STREET ADDRESS		i	5.4 CITY-5					
CITY-ST-ZIP			6.1 TITLE				Change	Addition
IIILE			6.2 NAME					
NAME				TADORESS				

14. 1 hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR