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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73017 (2)

1. Corporation Name

MORGAN & MORGAN CONSTRUCTION COMPANY OF NORTHWEST FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 4022
FT. WALTON BEACH FL 32549

P.O. BOX 4022
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1987

3a. Date of Last Report

09/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, DENISE
31 LAKEWOOD STREET
MARY ESTHER FL 32569**

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

Denise Morgan

Denise Morgan

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	O
NAME	JORDAN, DAVID
STREET ADDRESS	241 KATHY CT.
CITY - ST - ZIP	MARY ESTHER FL
TITLE	O
NAME	PATRICK, ROBERT T
STREET ADDRESS	2205 DYKES ST.
CITY - ST - ZIP	DO THAN AL
TITLE	P
NAME	MORGAN, RICK
STREET ADDRESS	31 LAKEWOOD ST.
CITY - ST - ZIP	MARY ESTHER FL
TITLE	S
NAME	MORGAN, DENISE
STREET ADDRESS	31 LAKEWOOD ST.
CITY - ST - ZIP	MARY ESTHER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	P Morgan, Rick
3.3 STREET ADDRESS	79 Lake Lorraine Circle
3.4 CITY - ST - ZIP	Shalimar, FL 32579
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	S Morgan, Denise
4.3 STREET ADDRESS	79 Lake Lorraine Circle
4.4 CITY - ST - ZIP	Shalimar, FL 32579
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

Denise Morgan

Denise Morgan

4/27/95

(904)213-3581