

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K39795

(5)

1. Corporation Name

MORTON BROS. REALTY, INC.



Principal Place of Business

2055 WOOD ST
STE 110
SARASOTA FL 34237

Mailing Address

2055 WOOD ST
STE 110
SARASOTA FL 34237

3. Date Incorporated or Qualified
10/17/1988

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

21 405 EAST MACEWEN
Suite, Apt. #, etc. Drive

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number
65-0124943

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

City & State

23 Osprey FL
Zip 34229

City & State

28 Same
Zip 34229

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTON DAVID
2055 WOOD ST #110
SARASOTA FL 34237

81 Name DAVID MORTON
82 Street Address (P.O. Box Number is Not Acceptable)
405 EAST MACEWEN DR
83
84 City OSPREY FL 85 Zip 34229

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MORTON, DAVID
STREET ADDRESS 2055 WOOD ST #110
CITY - ST - ZIP SARASOTA FL ☐ DELETE

TITLE VP
NAME MASSEY-MORTON, JACQUELINE
STREET ADDRESS 4326 BRACKENWOOD CT
CITY - ST - ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME DAVID MORTON ☒ Change ☐ Addition
1.3 STREET ADDRESS 405 EAST MACEWEN DR
1.4 CITY - ST - ZIP OSPREY FL 34229

2.1 TITLE VP
2.2 NAME JACQUELINE MASSEY-MORTON ☒ Change ☐ Addition
2.3 STREET ADDRESS 405 EAST MACEWEN DR
2.4 CITY - ST - ZIP OSPREY FL 34229

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96 941-3663692

CR2E034 (12/95)