

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # K46737 (8)

1. Corporation Name

MORGAN, COLLING & GILBERT, P.A.

Principal Place of Business

20 N ORANGE AVENUE
1607
ORLANDO FL 32801
US

Mailing Address

PO BOX 4979
315 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32802-4979
US

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

25

29

30

9. Name and Address of Current Registered Agent

MORGAN, ULTIMA D.
315 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/22/1988

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2920684

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person filing this report (must be owner, officer, or director)

Signature of person filing this report (must be owner, officer, or director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DVS
COLLING, STEWART L.
STREET ADDRESS
20 N. ORANGE AVE., #1607
CITY-STATE-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
DPT
MORGAN, JOHN B.
STREET ADDRESS
20 N. ORANGE AVE., #1607
CITY-STATE-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
DV
GILBERT, RONALD
STREET ADDRESS
20 N. ORANGE AVE., #1607
CITY-STATE-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. 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 supplement if 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

56 32191

CR2E034 (12/95)