

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K46737 (8)
1. Corporation Name MORGAN, COLLING & GILBERT, P.A.

Principal Place of Business 20 N ORANGE AVENUE 1807 ORLANDO FL 32801 US	Mailing Address PO BOX 4979 315 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32802-4979 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1988	3a. Date of Last Report 03/21/1996
21	26	4. FEI Number 59-2920684	Applied For ☐ Not Applicable
22	27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MORGAN, ULTIMA D. 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 4536 -08/12/97-01047-017
	83 ***165.00 ***165.00
	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLING, STEWART L.	1.2 NAME	
STREET ADDRESS	20 N. ORANGE AVE., #1807	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DPT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, JOHN B.	2.2 NAME	
STREET ADDRESS	20 N. ORANGE AVE., #1807	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, RONALD	3.2 NAME	
STREET ADDRESS	20 N. ORANGE AVE., #1807	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____
N. 15-3 8/5/97

CR2E034 (4/97)