FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K64497** **(6)**

1. Corporation Name

THE A.D. MORGAN CORPORATION

Principal Place of Business	Mailing Address
5405 WEST CYPRESS STREET SUITE 212 TAMPA FL 33679-7368	5405 WEST CYPRESS STREET SUITE 212 TAMPA FL 33679-7368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-2933439 ☐ 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

9. Name and Address of Current Registered Agent

WAGNER, ALAN F.
215 SOUTH MONROE STREET
SUITE 410
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, REBECCA J.	12 NAME	
STREET ADDRESS	933 SOUTH HIMES AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN G.	22 NAME	
STREET ADDRESS	61 RIVERVIEW TERRACE	23 STREET ADDRESS	
CITY ST ZIP	INDIALANTIC FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BLITCH, SIM	32 NAME	
STREET ADDRESS	6109 ORIENT ROAD	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☒ Addition
NAME	Kalaf, John	42 NAME	
STREET ADDRESS	3034 Ridge Vale Circle	43 STREET ADDRESS	
CITY ST ZIP	Valrico, FL 33594	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ 4/10/95 813-882-3033
DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292737 CP