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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # K64497

(6)

1. Corporation Name

THE A.D. MORGAN CORPORATION

Principal Place of Business

**5405 WEST CYPRESS STREET
SUITE 212
TAMPA FL 33679-7368**

Mailing Address

**5405 WEST CYPRESS STREET
SUITE 212
TAMPA FL 33679-7368**

2. Principal Place of Business

21 716 North Renellie Drive

Suite, Apt. #, etc.

City & State

23 Tampa, Florida

Zip

24 33609

Country

25 Hillsborough

2a. Mailing Address

26 716 North Renellie Drive

Suite, Apt. #, etc.

City & State

28 Tampa, Florida

Zip

29 33609

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

04/18/1995

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

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

Signature typed or printed name of registered agent and official as available

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PM
SMITH, REBECCA J.**
STREET ADDRESS **933 SOUTH HIMES AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DST
SMITH, JOHN G.**
STREET ADDRESS **61 RIVERVIEW TERRACE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **D
BLITCH, SIM**
STREET ADDRESS **6109 ORIENT ROAD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VP
KALAF, JOHN**
STREET ADDRESS **3034 RIDGE VALE CIRCLE**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information furnished 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:

Rebecca J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/10/96

DAYTIME PHONE

CR2E034 (12/95)