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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K74785 (2)

1. Corporation Name

MORGAN ASSOCIATES OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**557 PARKWOOD LANE
NAPLES FL 33940**

Mailing Address
**557 PARKWOOD LANE
NAPLES FL 33940**

3. Date Incorporated or Qualified 03/23/1989	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0185833	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	

2. Principal Office of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent

**PAULICH, JOHN, III
2150 GOODLETTE ROAD
SIXTH FLOOR
NAPLES FL 33940**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL B5. 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 of Current Registered Agent or Officer or Director)

(Signature of New Registered Agent or Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DPS MORGAN, RUSSELL A., JR. 557 PARKWOOD LANE NAPLES FL	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
NAME		3. STREET ADDRESS	
NAME		4. CITY, ST. ZIP	
NAME		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
NAME		7. STREET ADDRESS	
NAME		8. CITY, ST. ZIP	
NAME		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
NAME		11. STREET ADDRESS	
NAME		12. CITY, ST. ZIP	
NAME		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
NAME		15. STREET ADDRESS	
NAME		16. CITY, ST. ZIP	
NAME		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
NAME		19. STREET ADDRESS	
NAME		20. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and correct and comply with the requirements stated in Sections 607.0502 and 607.1508 Florida Statutes. I further certify that the information supplied 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 agent or officer or director of the corporation or the incorporator thereof who provided the information required by Chapter 607, Florida Statutes, and that my name appears on the back of the block of this report or supplemental report with an address.

SIGNATURE:

Russell A. Morgan, Jr. **RUSSELL A. MORGAN, JR.** 4-27-95

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