

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70657 (6)

1. Corporation Name

BILL MORGAN, INC.



Principal Place of Business

% H JAMES BRETT ESO
4900 SW 140 AVENUE
OCALA FL 32674

Mailing Address

% H JAMES BRETT ESO
4900 SW 140 AVENUE
OCALA FL 32674

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
05/03/1990

3a. Date of Last Report
01/19/1995

4. FEI Number

59-3015580

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

BRETT, H JAMES
511 E PENNSYLVANIA AVE
DUNNELLON FL 32630

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 of corporation's chief executive officer or

owner, if sole proprietorship, partnership, or

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	MORGAN, WILLIAM J	STREET ADDRESS	4900 SW 140TH AVE	CITY-STATE-ZIP	OCALA FL	☐ DELETE
TITLE	D	NAME	MORGAN, MARY R	STREET ADDRESS	4900 SW 140TH AVE	CITY-STATE-ZIP	OCALA FL	☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 supplementary 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, unchanged, or on an attachment with an address.

SIGNATURE:

William J. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (352) 489-0673
DATE AND TELEPHONE NUMBER OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)