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FILED

Feb 18 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01727 (0)

1. Corporation Name
CHARLES L. MORRISON, INC.

Principal Place of Business

~~223 W. RIVERSIDE DR.~~
~~JUPITER FL 33469~~

Mailing Address

~~223 W. RIVERSIDE DR.~~
~~JUPITER FL 33469-2954~~

3. Date Incorporated or Qualified

06/14/1984

3a. Date of Last Report

03/26/1996

4. FEI Number

59-2431122

Applied For

Not Applicable

2. Principal Place of Business

21 247 E. River Park Dr.

2a. Mailing Address

26 247 E. River Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JUPITER FL

27 City & State

28 JUPITER FL

Zip Country

24 33477

Zip Country

29 33477

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

MORRISON, CHARLES L.
~~223 W. RIVERSIDE DR.~~
~~JUPITER FL 33469~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 247 E. River park DR.

84 City JUPITER

FL

85 Zip Code 33477

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

TITLE PST
NAME MORRISON, CHARLES L.
STREET ADDRESS ~~223 W. RIVERSIDE DR.~~
CITY-ST-ZIP ~~JUPITER FL~~☐ DELETETITLE D
NAME MORRISON, CHARLES L.
STREET ADDRESS ~~223 W. RIVERSIDE DR.~~
CITY-ST-ZIP ~~JUPITER FL~~☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS 247 E. River park Dr.
1.4 CITY-ST-ZIP JUPITER FL 334772.1 TITLE ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS 247 E. River park Dr.
2.4 CITY-ST-ZIP JUPITER FL 334773.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)