

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01727

1. Corporation Name

CHARLES L. MORRISON, INC.

Principal Place of Business

**247 E. RIVER PK. DR.
JUPITER FL 33477
US**

Mailing Address

**247 E RIVER PARK DR
247 E. RIVER PK. DR.
JUPITER FL 33477
US**

2. Principal Place of Business

21 401 ZENITH LANE

2a. Mailing Address

26 401 ZENITH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JUND BEACH, FL.

City & State

28 JUND BEACH, FL.

Zip

24 33408

Country

25 PALM BEACH

Zip

29 33408

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

**MORRISON, CHARLES L.
247 E RIVER PARK DR
247 E. RIVER PK. DR.
JUPITER FL 33477**

81 Name

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

401 ZENITH LANE

83

84 City **JUND BEACH**

FL

85 Zip Code

33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1984

4. FEI Number

59-2431122

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **PST MORRISON, CHARLES L.**

STREET ADDRESS **247 E. RIVER PK. DR.**

CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME **D MORRISON, CHARLES L.**

STREET ADDRESS **247 E. RIVER PK. DR.**

CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

401 ZENITH LANE

JUND BEACH, FL. 33408

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

401 ZENITH LANE

JUND BEACH, FL. 33408

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Charles L. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

561 863 7900

Daytime Phone #

CR2E034 (1/98)

03/04/99