

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M70441**

1. Corporation Name

Morris Chartering Company

Principal Place of Business

David P. Morris
c/o Bud & Mary's Marina
mile marker 79.8
Islamorada Fl. 33036

Mailing Address

DAVID P MORRIS
P.O. Box 734
Islamorada Fl.
33036

3. Date incorporated or Qualified

3/03/88

3a. Date of Last Report

2-26-96

4. FET Number

65-0066549

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 Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Irving Morris
100 Sunrise Ave. #203E
Palm Beach Fl. 33480.

10. Name and Address of New Registered Agent

81 Name **DAVID P. MORRIS**
82 Street Address (P.O. Box Number is Not Acceptable)
143 Oceanview Dr.
83
84 City **Tavernier** **FL** **85** Zip Code **33070**

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

IRVING MORRIS

(Signature of registered agent and the if applicable)

5-22-97

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT-TREASURER** ☐ DELETE
NAME **DAVID P. MORRIS**
STREET ADDRESS **143 OCEANVIEW DR.**
CITY-ST-ZIP **TAVERNIER FLORIDA 33070**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **ALLEN MORRIS**
STREET ADDRESS **143 OCEANVIEW DR.**
CITY-ST-ZIP **TAVERNIER, FLORIDA 33070**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE:

DAVID P. MORRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/97

305-853-5243

CR2E034 (9/96)