

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095374

1. Entity Name  
THE MORRISON COMPANY, INC.



Principal Place of Business  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217 US

Mailing Address  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217 US

FILED  
04 JAN 15 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
52-2375508  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, ROBERT S  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

300027769763  
01/29/04--01025--020 \*\*150.00

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MORRISON, ROBERT S  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
MORRISON, BARBARA O  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R.S. MORRISON, PRES 1/5/04 904-448-0466