

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132886

1. Entity Name

J.A. MORRIS CONSTRUCTION INC.



FILED

04 JUN -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 705
CRAWFORDVILLE, FL 32327

Mailing Address

PO BOX 705
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

49 J. A. MORRIS LN.

3. Mailing Address

49 J. A. MORRIS LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004

Chg-P

CR2E034 (10/03)

du

City & State

CRAWFORDVILLE, FL

City & State

CRAWFORDVILLE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32326

Country

Wakulla

Zip

32326

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, J.A. III
48 HILLARDVILLE RD
CRAWFORDVILLE, FL 32327

Name MORRIS, J.A. III

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

49 J. A. MORRIS LN.

City CRAWFORDVILLE

FL

Zip Code

32326

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME MORRIS, J.A. III
STREET ADDRESS PO BOX 705
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition
NAME MORRIS, J.A. III
STREET ADDRESS 49 J. A. MORRIS LN
CITY-ST-ZIP CRAWFORDVILLE, FL 32326

TITLE ☐ Change ☐ Addition
NAME 800038245728
STREET ADDRESS 06/24/04--01076--006
CITY-ST-ZIP **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J. A. Morris III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-8-04 (850) 251-5536

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