

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90103 039 ***150.00

DOCUMENT # P12666

1. Corporation Name

II MORROW INC.

Principal Place of Business

55 NE GLENLAKE PKWY
ATLANTA GA 30328
US

Mailing Address

PO BOX 28606
ATLANTA GA 30358
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1986

4. FEI Number

93-0805401

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 55 Glenlake Pkwy NE
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Atlanta, Ga
Zip

Country

25

29 3328

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE CD
NAME KELLY, JAMES P
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA 30328

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT
NAME CLANIN, ROBERT J.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

2.1 TITLE Vice President
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AST
NAME PICA, EUGENE A.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

3.1 TITLE AS/AT
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS
NAME AGRESTA, MAURICE M.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

4.1 TITLE AT
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE REQUIRED Eugene A. Pica 4/19/99 (404) 828-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)