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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000000704 (6)

1. Corporation Name
MORGAN & SONS, INC.



Principal Place of Business
1180-B FOREST HEIGHTS
FT WALTON BEACH FL 32547
US

Mailing Address
32 NW TULA PLACE
FT WALTON BEACH FL 32548-4331
US

3. Date Incorporated or Qualified 10/26/1992	3a. Date of Last Report 02/13/1996
4. FEI Number 59-3146823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO BOX 4301
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 FORT WALTON BEACH, FL
24 Zip	29 32549-4301
25 Country	30 US

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORGAN, ROBIN 32 N.W. TULA PLACE FT WALTON BEACH FL 32548		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORGAN, JACK D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NW TULA PLACE	1.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL 32548	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD MORGAN, VANCE L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NW TULA PLACE	2.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL 32548	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	ST MORGAN, ROBIN M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NW TULA PLACE	3.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL 32548	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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.

SIGNATURE: Robin M. Morgan ROBIN M MORGAN 02-06-97 (904) 244-2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)