

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG 10 PM 12:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000002202 (9)

1. Corporation Name

R.A. MORRILL CONSTRUCTION COMPANY

Principal Place of Business

2709 SWAMP CABBAGE COURT
FORT MYERS FL 33901

Mailing Address

2709 SWAMP CABBAGE COURT
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

07/14/1994

4. FEI Number

65-0368304

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 a 1993
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 933 ADELPHI CT

Suite, Apt. #, etc.

22

City & State

23 FT. MYERS, FL

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 933 ADELPHI CT

Suite, Apt. #, etc.

27

City & State

28 FT. MYERS, FL

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

MORRILL, RICHARD A
2709 SWAMP CABBAGE COURT
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83 933 ADELPHI CT

84

City

FT. MYERS

FL

85 Zip Code

33919

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MORRILL, RICHARD A
STREET ADDRESS 2709 SWAMP CABBAGE COURT
CITY - ST - ZIP FORT MYERS FL 33901

TITLE D
NAME MORRILL, MARY H
STREET ADDRESS 2709 SWAMP CABBAGE COURT
CITY - ST - ZIP FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

933 ADELPHI CT

FT. MYERS FL

33919

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

-933 ADELPHI CT

FT. MYERS

FL

33919

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Mary Morrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY MORRILL

Date

8/2/95

277-0922