

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Lanier Building, Tallahassee, Florida 32304

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017361 (5)

MORRISON TV & ELECTRONIC SERVICE INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1993 3a. Date of Last Report 05/01/1994

4. FET Number 59-3172531 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 S. 192(3)(2), Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
1207 SW 16TH AVE. GAINESVILLE FL 32601		1207 SW 16TH AVE. GAINESVILLE FL 32601	
21. State Apt #, etc.	26. State Apt #, etc.	22. City & State	27. City & State
23. ZIP	28. ZIP	24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, STEVE
4220 NW 29TH TERR.
GAINESVILLE FL 32605

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City FL B5 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 607.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature of person named in registered office and agent appointment

[Signature]
Signature of person named in registered office and agent appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MORRISON, STEVE
STREET ADDRESS	4220 NW 29TH TERR
CITY, ST, ZIP	GAINESVILLE FL
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	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(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 designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE MORRISON

5/1/95
Date

904-378-5008
Telephone Number