

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000013179 (4)**

1. Corporation Name

BERNARD J. MORSE, P.A.



Principal Place of Business

Mailing Address

**4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609**

**4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number

59-3255948

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **400 N. TAMPA ST**

2a. Mailing Address

26 **400 N. TAMPA ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1160**

27 **1160**

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

Zip

Country

Zip

Country

24 **33602**

25 **Hillsborough**

29 **33602**

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**MORSE, BERNARD J
4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

Bernard J. Morse

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

400 N. TAMPA ST

83 **#1160**

84 City **TAMPA**

FL

85 Zip Code **33602**

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 **Bernard J. Morse**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MORSE, BERNARD J**
CITY-ST-ZIP **4830 W KENNEDY BLVD SUITE 750
TAMPA FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR / PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **BERNARD J. MORSE**
1.3 STREET ADDRESS **400 N. TAMPA ST. #1160**
1.4 CITY-ST-ZIP **TAMPA, FL. 33602**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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.

CP2E034 (10/97)