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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000013806	(2)

Principal Place of Business Mailing Address 1902 DEBARRY AVE ORANGE PARK FL 32073 US Mailing Address 1902 DEBARRY AVE ORANGE PARK FL 32073 US				Date Incorporated or Qualified 3a. Date of Last Report				
				02/18/1994	<u> </u>	04/07/1		
2. Principal Place	e of Business	2a. Mailing Address	Α	4, FEI Number		\-	Applied For Not Applicable	
	Descours Ave.	26 1902 Dolor Suite, Apt #, etc.	rry Avo	59-3226213 5. Certificate of Status Desired		7	75 Additional e Required	
City & State	0 × E/	Oty & State	. Y ×10	Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be ded to Fees	
3207	3 25 C lay 9. Name and Address of Curre	29 3.30 23	Country Clay R1 Name	8. This corporation has liability for	s 🔲 No		s 199.032,	
MORGAN, PETER C 218 VANDERFORD RD. WEST ORANGE PARK FL 32073			83 84 City	83				
or registere familiar with SIGNATURE X	d agent of both, in the state of rio , find adrept the obligations of, Sec Sylvia, bytes or protest near of regions at such	tion 607.0505, Florida Statutes.	is the above harned cusple by the comporation's bound of the comporation's bound of the comporation of the c	oration submits this statement for the plant of directors. Thereby accept the application of the plant of the	1-96 DATE			
12. TITLE	D	[] DELETE	1 1 fills			☐ Chang	ge 🔲 Addition	
NAME	MORGAN, PETER C		1.2 NAM(
STREET ADDRESS	218 VANDERFORD RD. WI	EST	1.3 STREET ADDRESS					
DITY-ST-ZIP	ORANGE PARK FL 32073		14 CHY ST-7IP					
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NAME	MORGAN, MARTHA M		2.2 NAME					
STREET ADDRESS	218 VANDERFORD RD. W	EST	2.3 STREET ADDRESS					
CITY - ST- ZIP	ORANGE PARK FL 32073		24 Cify - ST ZiP				a: Di Addio	
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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 119 07(3)(k). 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 Pichanged, or on an attachment with an address

6 1 MULE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER C MORGAN 5/96 904-269

☐ Change

Addition