FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000036909 (7)**

1. Corporation Name
MORRIS FARMS, INC.

Principal Place of Business	Mailing Address
1800 PLATT RD NAPLES FL 33964	1800 PLATT RD NAPLES FL 33964

3. Date Incorporated or Qualified: **05/12/1994**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0493459** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORRIS, HORACE L
1800 PLATT RD
NAPLES FL 33964

10. Name and Address of New Registered Agent

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 607.0302 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 _____ Name of New Registered Agent (Typed or Printed) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, HORACE L		1.2 NAME	
STREET ADDRESS	1800 PLATT RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, RICHARD D		2.2 NAME	
STREET ADDRESS	3261 50TH AVE NE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, HORACE R		3.2 NAME	
STREET ADDRESS	1850 PLATT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33964		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JAMES K		4.2 NAME	
STREET ADDRESS	580 110TH AVE N		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963		4.4 CITY-ST-ZIP	
TITLE	AD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GATLIN, DEBRA A		5.2 NAME	
STREET ADDRESS	1800 PLATT RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, SHAWN C		6.2 NAME	
STREET ADDRESS	1800 PLATT RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	

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)(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: Horace L. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-1996(PH) 657-2451
Date Daytime Phone #

CR2E034 (12/95)