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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000048859 (0)

1. Corporation Name

THE OLD MORGAN, INC.

Principal Place of Business

2180 WEST FIRST ST.
FORT MYERS FL 33901

Mailing Address

2180 W FIRST ST
STE 500
FT. MYERS FL 33901-3217
US

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1415 DEAN ST

26 PO Box 788

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 FT MYERS FL

27 City & State
28 FT MYERS FL

24 Zip
33901

29 Zip
33902-0788

9. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
DAVIES, CHRISTOPHER N.
82 Street Address (P.O. Box Number is Not Acceptable)
12601 WORLD PLAZA LN
83 SUITE 2
84 City
FT MYERS FL
85 Zip Code
33907

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD JACK, KIM
STREET ADDRESS
2180 WEST FIRST ST.
CITY-ST-ZIP
FORT MYERS FL

TITLE ☒ DELETE

NAME
D COUCH, RICHARD G
STREET ADDRESS
2180 WEST FIRST ST.
CITY-ST-ZIP
FORT MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do 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.

SIGNATURE

SIGNATURE OF KIM JACK

4/30/97

941-337-5677

CR2E034 (9/96)