

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067541 (0)

1. Corporation Name

JOAN GREENE MORTON, P.A.

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1901 HICKORY LN ATLANTIC BEACH FL 32233 | 1901 HICKORY LN ATLANTIC BEACH FL 32233 |

| | |
|---|-------------------------|
| 3. Date Incorporated or Qualified 09/14/1994 | 3a. Date of Last Report |
|---|-------------------------|

| | | | |
|--------------------------------|-------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3269998 | Applied For Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--|--|--|----|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of Now Registered Agent | | |
| MORTON, MARGRUEITE J 1901 HICKORY LN ATLANTIC BEACH FL 32233 | | 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 607.0502 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: *Margrueite J. Morton* 7-19-95
Signature (typed or printed name of registered agent and date of appointment) 2011. Registered Agent signature required when terminating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|----------------------------|-------------------------|---|---|
| TITLE | DPST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORTON, MARGRUEITE J | 1.2 NAME | |
| STREET ADDRESS | 1901 HICKORY LN | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | ATLANTIC BEACH FL 32233 | 1.4 CITY, ST, ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Margrueite J. Morton* 7-19-95 249-3804
Signature and typed or printed name of Florida officer or director Date Telephone #

CR2E034 (3/95)