

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:09

DOCUMENT # P94000083781 (2)

1. Corporation Name
MORMAC, INC.

Principal Place of Business

390 N ORANGE AVE
SUITE 1500
ORLANDO FL 32801

Mailing Address

390 N ORANGE AVE
SUITE 1500
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 1315 S. Orange Ave.

2a. Mailing Address

26 2218 Westminster Ter

4. FEI Number

59-3281843

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Ste. F

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Orlando FL

City & State

28 Oviedo FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32806

Country

25 Orange

Zip

29 32765

Country

30 Seminole

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELAHAR, JAMES P
390 N ORANGE AVE
SUITE 1500
ORLANDO FL 32801

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 607.0502 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 restoring)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENWOOD, HARRY H
STREET ADDRESS	8016 SPANISH OAK DR
CITY, ST, ZIP	SPRINGHILL FL 34608
TITLE	D
NAME	GILL, STEPHEN C
STREET ADDRESS	2218 WESTMINSTER TER
CITY, ST, ZIP	OVIEDO FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen C. Gill

2/27/95

(407)
365-2348