

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000003970 (7)

1. Corporation Name

THOMAS F. MCMORROW, P.A.



Principal Place of Business

Mailing Address

**1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207**

**1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

4. FEI Number

59-3290451

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

**MCMORROW, THOMAS F
1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207**

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 of current registered agent and of new registered agent.

(If FEI: Registered Agent's signature required when re-appointing.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MCMORROW, THOMAS F**
STREET ADDRESS **6714 LINFORD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE **D/P/T**
12 NAME **MCMORROW THOMAS F.**
13 STREET ADDRESS **6714 LINFORD LANE**
14 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

☐ Change ☒ Addition

21 TITLE **S**
22 NAME **MCMORROW, LINDA C.**
23 STREET ADDRESS **6714 LINFORD LANE**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas F. McMorrow

THOMAS F. MCMORROW, Pres.

6/6/96

(904) 396-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)