## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007026 (4)

MORGAN CONSTRUCTORS OF TAMPA BAY, INC.

		·			
Principal Place of Business		Mailing Address <u>i</u>			INEUE DRISED IININ KIILE INN
13108 N FLORIDA AVE TAMPA FL 33612		13108 N FLORIDA AVE TAMPA FL 33612	- - -	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/26/1995	
2. Principal Place of Business		2a. Mailing Address	:	4. FEI Number	Applied Fo
21		26	ī	59-3290457	Not Applic
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Ē	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	: ::	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes or has paid the curr     Personal Property Tax due June 30.	¬ `
	<ol><li>Name and Address of Ci</li></ol>	urrent Registered Agent		<ol> <li>Name and Address of New Registered A</li> </ol>	\gent
MORG	GAN, DALE		81 Name		

## **FILED** Jan 20 1998 8:00am Secretary of State

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Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees the current year Intangible ☐ Yes stered Agent 13108 N FLORIDA AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33612** 83 84 Zip Code City 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME MORGAN, HAROLD D 1.2 NAME 1903 LITTLE COVE STREET ADDRESS **1.3 STREET ADDRESS** CITY-ST-ZIP **TAMPA FL 33613** 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME MORGAN, MARY JEAN 1903 LITTLE COVE 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33613** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE \_\_ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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: ~7