Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□N₀

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

DOCUMENT # P95000007026

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

MORGAN CONSTRUCTORS OF TAMPA BAY, INC.

| Principal Place of Business | Mailing Address |
|---------------------------------------|---------------------------------------|
| 13108 N FLORIDA AVE TAMPA FL 33612 | 13108 N FLORIDA AVE TAMPA FL 33612 |

Country

9. Name and Address of Current Registered Agent

25

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90147 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/26/1995 4. FEI Number

59-3290457

| | MORGAN, DALE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
|---------------------|--|------------------------|--------------------|--|---|------------------------------------|--------------------------------------|---------------------------|---------------------------------------|------------------------|
| 13108 N FLORIDA AVE | | | | 1 | | | | · | | |
| TAM | PA FL 33612 | | 83 | | | | | | | 1 |
| | | | 84 | City | | , ; ; ; . | , j 2 i | | 85 Zip C | ode |
| | | | | ' | | - 7 H | | FL | , , , , , , , , , , , , , , , , , , , | 2 - 4 |
| office or re | to the provisions of Sections 607.0502 and 607.1508 agistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section | i change was autho | orized by | tne corp | corporation submoration's board of | its this statem directors. I he | ent for the pu ereby accept t | irpose of o the appoin | changing its i trnent as reg | registered jistered |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | a (NOTE: Rec | istered Age | nt signature | equired when reinstating | a) | | DATE | | |
| 12. | OFFICERS AND DIRECTORS | , | 13. | | | IONS/CHANG | ES TO OFFIC | CERS AN | D DIRECTO | R\$ IN 12 |
| TITLE | Р | DELETE | 1.1 TITLE | | P | | | | Change | ☐ Addition |
| NAME . | MORGAN, HAROLD D | | 1.2 NAME | | Morgan 284 34 C | HAROL | d'D | | - | 1 |
| STREET ADDRESS | 1903 LITTLE COVE | | 1.3 STREE | TADDRESS | 284 <i>34 C</i> | penfiel | d Loop | | | . 1 |
| CITY-ST-ZIP | TAMPA FL 33613 | | 1.4 CITY-S | ST-ZIP | washey | | .Fl. 3 | 3543 | -575 | 7 |
| TITLE | ST | DELETE | 2.1 TITLE | | ST | • | _ | | Change | Addition |
| NAME | MORGAN, MARY JEAN | | 2.2 NAME | | morgan, 28424 0 | WOLA ? | EDN | | • | ļ |
| STREET ADDRESS | 1903 LITTLE COVE | | 2.3 STREE | T ADDRESS | 284240 | penfie | ld Loof | > | | İ |
| CITY-ST-ZIP | TAMPA FL 33613 | | 2. 4 CITY-5 | ST-ZIP | ستعجاس | Chape | 1=;F1=== | 3354 | 3-576 | 7- |
| TITLE | | ☐ DELETE | 31 TITLE | - | | ` | • | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | | |
| TITLE | | DELETE | 4.1 11TLE | | | | | | Change | Addition |
| NAME | | | 4.2 NAME | | ļ | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-5 | ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | • | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | l | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-9 | ST-ZIP | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | TADORESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-5 | | | | | | | . |
| 14. I hereby of | certify that the information supplied with this filing doe on this annual report or supplemental annual report i | es not qualify for the | e exempted and the | tion state at mv sigr | d in Section 119.0 nature shall have t | 07(3)(i), Florida the same lega | a Statutes. I fi I effect as if n | urther cert nade unde | uty that the ir er oath; that I | ntormation am an |

Country

81 Name

30

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, with all other like empowered.