FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000010276 (0)**

1. Corporation Name

RAYMOND D. MORRIS, INC.

Principal Place of Business	Mailing Address
645 SW WHITMORE DRIVE PORT ST. LUCIE FL 34984	645 SW WHITMORE DRIVE PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 02/03/1995

3a. Date of Last Report:

2. Principal Place of Business
21 8243 South US 1
Suite, Apt. #, etc. 22
City & State 23 PORT ST LUCIE FL
Zip 24 34952 County 25 ST Lucie

2a. Mailing Address
26 8243 SOUTH US 1
Suite, Apt. #, etc. 27
City & State 28 PORT SAINT LUCIE, FL
Zip 29 34952 Country 30 ST LUCIE

4. FEI Number: 65-0552554 ☐ 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

9. Name and Address of Current Registered Agent

BASS, DONALD L
7166 SE OSPREY STREET
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name: RAYMOND D. MORRIS
82 Street Address (P.O. Box Number is Not Acceptable): 8243 SOUTH US 1
83 PORT ST. LUCIE, FL 34952
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: Raymond D. Morris (Signature of New Registered Agent, if Changed) FEB 20, 1996 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	MORRIS, RAYMOND D		1.2 NAME
STREET ADDRESS	6024 INDRIO ROAD UNIT L-6		1.3 STREET ADDRESS
CITY-ST-ZIP	FORT PIERCE FL 34951		1.4 CITY-ST-ZIP
TITLE		☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Raymond D. Morris — FEB 20, 1996 — 407-871-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)