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 # **P95000043393 (4)**

1. Corporation Name

MORRISON'S HAULING, INC.

Principal Place of Business	Mailing Address
1934 APALACHEEE PKWY TALLAHASSEE FL 32301	1934 APALACHEEE PKWY TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 4871 Woodlane Circle
Suite, Apt. #, etc. 22:
City & State 23: Tallahassee, Fl.
Zip 24: 32303 Country 25: Leon

2a. Mailing Address
26: P.O. Box 685
Suite, Apt. #, etc. 27:
City & State 28: Tallahassee, Fl
Zip 29: 32302 Country 30: Leon

4. FEI Number: 59-3352818 ☐ 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

MORRISON, REGINALD
1934 APALACHEEE PKWY
TALLAHASSEE FL 32301

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: Reginald Morrison Pres./Vice President DATE: April 30, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Vice President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Reginald Morrison		1.2 NAME	
STREET ADDRESS	11701 Grazing Buck Ct.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl. 32311		1.4 CITY-ST-ZIP	
TITLE	Secretary / Treasurer	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	marilyn L. Morrison		2.2 NAME	
STREET ADDRESS	11701 Grazing Buck Ct.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl. 32311		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	800001863048 -06/17/96--01007--043 ***200.00
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	5/1/12
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 filing 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 if changed or on an attachment with an address.

SIGNATURE: Reginald Morrison April 30, 1996 904/216-1648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #