**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

# FILED
# Mar 19 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P95000062672 (7)**

1. Corporation Name
**MORTON MANAGEMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 330 FT. PICKENS RD<br>SUITE 10-E<br>PENSACOLA FL 32561<br>US | 330 FT. PICKENS RD.<br>SUITE 10-3<br>PENSACOLA FL 32561-2033<br>US |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 103 AVENIDA 23 | 26 103 AVENIDA 23 | 08/11/1995 | 05/01/1996 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc | 4. FEI Number 59-2196492 | ☐ Applied For ☐ Not Applicable |
| 23 City & State: PENSACOLA BEACH, FL | 28 City & State: PENSACOLA BEACH, FL | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 24 Zip: 32561 / 25 Country: USA | 29 Zip: 32561 / 30 Country: USA | 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**

LINDA S. GILCHRIST
330 FT. PICKENS RD
SUITE 10-E
PENSACOLA FL 32561

→ NEW ADDRESS →

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 103 AVENIDA 23

83

84 City: PENSACOLA BEACH, **FL** 85 Zip Code: 32561

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| Title: P | ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME: GILCHRIST, LINDA S | | 1.2 NAME | |
| STREET ADDRESS: 330 FT. PICKENS ROAD, SUITE 10-E | | 1.3 STREET ADDRESS: 103 AVENIDA 23 | |
| CITY-ST-ZIP: PENSACOLA FL | | 1.4 CITY-ST-ZIP: PENSACOLA BEACH, FL 32561 | |
| 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 (9/96)

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:** Linda S. Gilchrist LINDA S. GILCHRIST 3/15/97 904-916-9108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489992