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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000062672 (7)

1. Corporation Name

MORTON MANAGEMENT SERVICES, INC.

Principal Place of Business

103 AVENIDA 23

PENSACOLA BEACH FL 32561
US

Mailing Address

103 AVENIDA 23

PENSACOLA BEACH FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

2. Principal Place of Business

21 103 AVENIDA 23

Suite, Apt. #, etc.

22

City & State

23 PENSACOLA BEACH FL

Zip

24 32561

Country

25 USA

2a. Mailing Address

26 103 AVENIDA 23

Suite, Apt. #, etc.

27

City & State

28 PENSACOLA BEACH

Zip

29 FL

Country

30 USA

4. FEI Number

59-2196492

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDA S. GILCHRIST
103 AVENIDA 23
PENSACOLA BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name
LINDA S. GILCHRIST
82 Street Address (P.O. Box Number is Not Acceptable)
103 AVENIDA 23

83 PENSACOLA BEACH, FL 32561
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 *Linda S. Gilchrist* LINDA S. GILCHRIST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME GILCHRIST, LINDA S
STREET ADDRESS 103 AVENIDA 23
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 *Linda S. Gilchrist* LINDA S. GILCHRIST 1/22/98 850-946-9408

CR2E034 (10/97)