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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000068153 (2)

MORGAN BUILDING CONTRACTORS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address) (201/40) (10 (41)) EIIII EDIII 9EIII ODIII DOIII	81 18181 188 1 9 11	0 0 1(1) (0 0)	
4201 WOODL TAMPA FL 33		4201 WOODLARK DRIVE TAMPA FL 33624				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified			
						09/05/1995			
	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-3342447	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						beniupe	
City & State		City & State	r			6. Election Campaign Financing		May Be	
Zip Country		Zip Country				Trust Fund Contribution	Added		
_			30	шу		This corporation owes or has paid the current Property Tax due June 30.		angible No	
24	9. Name and Address of Curren		30]			10. Name and Address of New Registered			
MU	RGAN, RUSSELL G			81	Name				
	OI WOODLARK DRIVE			•	Otro at Artista	(DO D. N. sehe-i- Net A tehle)			
	MPA FL 33624			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1,70	W 7 E 00024		Ţ	83					
				84	City		85 Zip	Code	
Dura and	to the manifelance of Continue (107 of 0)	2 and COZ ACOC Florida Chat				FL		2 400 00000	
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 Signature, typed or printed harve of registered agent and title if applicable (NOTE Registered Agent s gnature required when reinstalling) DATE									
12.	Signature, typed or pointed name of registered age: OFFICERS AND		13.	Agei	iii s gnature req. III e	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	19 IN 12	
TITLE				1.1 TITLE		ADDITIONS/CHANGES TO OF TOCHS AN	Change	Addition	
NAME			1,2 NA	ME			•	:	
STREET ADDRESS	4201 WOODLARK DRIVE		i i		ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		1,4 CITY - S1 - ZIP		1 1			1	
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	MORGAN, RUSSELL G		2.2 N						
STREET ADDRESS	4201 WOODLARK DRIVE		2.3 STF	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33624		2 4 CI	2 4 CITY-ST-ZIP					
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NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			3.4 CIT		T-ZIP				
TITLE		DELETE			ļ		Change	☐ Addition	
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CIT		1 - ZIP		Change	Addition	
TITLE		F™ OCTES€	5 1 TITE				C Cliquide	- VOOITION	
NAME STORET ADDRESS			5.2 NA		ADDRESS			}	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				4 City - St - Zip 1 Title			Change	Addition	
NAME			6.2 NA				Silenge		
STREET ADDRESS					ADDRESS				
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I nereby 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 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 proportion 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 dranged, or on an alteroid that my name appears in Block 12 or Block 13 if dranged, or on an alteroid that my name appears in Block 13 if dranged, or on an alteroid that my name appears in Block 13 if dranged, or on an alteroid that my name appears in Block 13 if dranged in the same legal effect as if made under certify that the information in the receiver of the properties of the