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Apr 17 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 # P96000065281 (3)

1. Corporation Name  
MORICLE CONSTRUCTION COMPANY

Principal Place of Business  
1828 WEST BARTON STREET  
LONGWOOD FL 32750

Mailing Address  
1828 WEST BARTON STREET  
LONGWOOD FL 32750-6112



2. Principal Place of Business  
21 1121 UTAH BLVD

2a. Mailing Address  
26 1121 UTAH BLVD

3. Date Incorporated or Qualified  
08/05/1996

3a. Date of Last Report  
N / A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3428162

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
32803

Country  
USA

Zip  
32803

Country  
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEAL, THOMAS F  
120 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

81 Name  
Thomas F. Neal  
82 Street Address (P.O. Box Number is Not Acceptable)  
332 N. Magnolia Avenue  
83  
84 City  
Orlando FL 85 Zip Code  
32801

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 *Thomas F. Neal*  
Sign above, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MORICLE, WILLIAM  
STREET ADDRESS 1828 WEST BARTON STREET  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ DELETE

1.1 TITLE D  
1.2 NAME MORICLE, WILLIAM  
1.3 STREET ADDRESS 1121 UTAH BLVD  
1.4 CITY-ST-ZIP ORLANDO FL 32803 ☒ Change ☐ Addition

TITLE D  
NAME MORICLE, ELIZABETH  
STREET ADDRESS 1828 WEST BARTON STREET  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ DELETE

2.1 TITLE D  
2.2 NAME MORICLE, ELIZABETH  
2.3 STREET ADDRESS 1121 UTAH BLVD  
2.4 CITY-ST-ZIP ORLANDO FL 32803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: *William Moricle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 (407) 894-7415  
Date Daytime Phone

CR2E034 (9/96)