## 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

## P96000090985 (8) DOCUMENT #

FRANCES J MORRIS PH.D., INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1851 OLD EAGLE LAKE ROAD P.O. BOX 1119 BARTOW FL 33830 HIGHLAND CITY FL 33846 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified <u>11/04/1996</u> Mailing Address
1.6. BOX 1119 2. Principal Place of Business Applied For 1851 old Eag 65-0725413 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ollL POIK Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORRIS, FRANCES J 1851 OLD EAGLE LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME MORRIS, FRANCES J PHD 1.2 NAME 1851 OLD EAGLE LAKE RD. STREET ADDRESS 1.3 STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS بب CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4,4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 or progration 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: