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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90094 009 ***150.00

DOCUMENT # P96000090985 1. Corporation Name CRANCES LAMORRIS DELD. (AIC)					
FRANCE	S J MORRIS PH.D., INC.				
<u> </u>					
Principal Place	e of Business	Mailing Address			
1851 OLD EAGI	LE LAKE ROAD	P.O. BOX 1119			
1 PARTOWIEL OR		1 Highland City FL 33846		DO NOT WRITE IN THIS	SPACE
BARTOW (FL 33 US	03U	US		3. Date Incorporated or Qualifed	
1				11/04/1996	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	200 01 240000	26		65-0725413	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
	The state of the s	27		5. Certificate of Status Desired	Fee Required
City & State	9 .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No
, , , , , , , , , , , , , , , , , , , ,	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
MORRIS, FRANCES J 1851 OLD EAGLE LAKE ROAD				ress (P.O. Box Number is Not Acceptable)	
BARTOW FL 33830					
DANION FE 33030			83		
·			84 City	E1	85 Zip Code .
FL Gray FL Gray FL Gray FL Gray Gra					
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.					
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	• • •	
SIGNATURE					
:	Signature, typed or printed name of registered agent		egistered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	IO DIPECTORS IN 12
12.	P OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change ☐ Addition
TITLE	MORRIS, FRANCES J PHD	Deter	B i		
NAME	1851 OLD EAGLE LAKE RD.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		i
CITY-\$T-ZIP	BARTOW FL 33830	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE .	•				G
NAME .	•		2.2 NAME	•	·
STREET ADDRESS			2.3 STREET ADDRESS	والأوالية المحاسبة المحاسبة	
CITY-ST-ZIP.		Contract	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME '			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Channe D Addition
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		}
		ě	6.3 STREET ADDRESS		

14. I hereby certify that the information sopplied 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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNA VIAE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #