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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000093654 (7)

1. Corporation Name MORRISON-SWIFT, INC.  Principal Place of Business  1701 RALEIGH AVE HOLLY HILL FL 32117  HOLLY HILL FL 32117							
				3. Date Incorporated or Qualified 11/14/1996	3a. Da	le of Last Ro	porl
2. Principal Place of Business	2a. Mailing Address		4. FLI Number	4	<del></del>	lied For	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		59-3410165		Not \$8.75 A	Applicable	
22	27		5. Certificate of Status Desired		Fee Red	quired	
City & State	City & Stato		Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> i Addød to		
Zip Country	- h				ity for intangible tax under s. 199.032,		
24 25 9. Name and Address of Current	[29] Registered Agent	[30]		Florida Statutes  10. Name and Address of New Re			
SWIFT, NANCY J	· · · · · · · · · · · · · · · · · · ·	8	1 Name				
1701 RALEIGH AVE		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
HOLLY HILL FL 32117							
		8	3				}
•		8	4 City	FL  85   Zip		<b>85</b> Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat	and 607,1508, Florida State	utes, the abo	evenamed corp	poration submits this statement for the p		changing its	registered
agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, I	Florida Statute	es.	tion & board or directors. Thereby accep	νι τιιο αμίν	omanon as i	egistered
SIGNATURE Signature, typed or printed name of repistered agent	and tile if applicable (NC	OTI - Registered A	Agent signature requir	red when reinstating)	DATE		
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	~~~~		S IN 12
	President, Director LIDELETT			•		Change	Addition
	Charles D. Swift		F ,				ļ
Offy-St-ZiP Holly Hill Ft.	1701 Releigh Avenue Holly Hill, FL 32117		.F1 ADDRESS				
MILE Vice President	2 2 1 1 7	3.4.0019	. P1. 10 . L2 .				
NAME Larisa Morrison						Change	Addition
STREET ADDRESS 1701 Raleigh Avenue		1.4 CITY- 2.1 TITLE 2 2 NAME			·	Change	Addition
Holly Hill, FL 32117		2.1 TITUE 2 2 NAME 2.3 STREE	E Et address			Change	Addition
100 E	Director	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	E E1 ADDRESS (-S1-ZIP				
Secretary	Director FREE enue 32117	2.1 TITLE 2 2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	E .ET AUDRESS (-S1-ZIP			☐ Change	Addition Addition
Secretary	Director FREE enue 32117	2.1 TITLE 2 2 NAME 2.3 STRL 2. 4 CITY 3.1 TITLE 3.2 NAME	E .ET AUDRESS (-S1-ZIP				
TITLE Secretary  NAME Nancy Swift  STREET ADDRESS 1701 Raleigh Ave	Director FREE enue 32117	2.1 TITLE 2 2 NAME 2.3 STRE 2.4 CHY 3.1 THLE 3.2 NAME 3.3 BTRE	E ELI ADDRESS (-SI-ZIP				
INTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE  NOTITY NITT, FI Secretary Nancy Swift 1701 Raleigh Ave Holly Hill, FL	Director FREE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 BTLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	E LET ADDRESS (-ST-ZIP E LET ADDRESS (-ST-ZIP				
INTLE NAME SECRETARY Nancy Swift 1701 Raleigh Ave CITY-SI-ZIP HOLLY Hill, FL	Director FREE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRL 2.4 CHY 3.1 BHLE 3.2 NAME 3.4 CHY 4.1 THLE 4.2 NAME	E E LLI ADDRESS (-S1-ZIP E LLI ADDRESS (-S1-ZIP E AE			Change	Addition
INTLE NAME SECRETARY Nancy Swift 1701 Raleigh Ave CITY-SI-ZIP HOLLY HILL, FL NAME STREET ADDRESS	Director FREE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRL 2.4 CITY 3.1 STRL 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRL 4.3 STRL	E E ADDRESS (-S1-ZIP E E ADDRESS (-S1-ZIP E ADDRESS (-S1-ZIP E ADDRESS			Change	Addition
INTLE NAME SECRETARY Nancy Swift 1701 Raleigh Ave CITY-SI-ZIP HOLLY Hill, FL	Director FREE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRL 2.4 CHY 3.1 BHLE 3.2 NAME 3.4 CHY 4.1 THLE 4.2 NAME	E ELIADDRESS (-S1-ZIP)  ELETADDRESS (-S1-ZIP)  ELADDRESS -S1-ZIP			Change	Addition
INTLE NAME SECRETARY Nancy Swift 1701 Raleigh Average TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP  TOTALE NAME STREET ADDRESS CITY-SI-ZIP	Director FEETE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CHY 3.1 STRE 3.2 NAME 3.4 CHY 4.1 THE 4.2 NAME 4.3 STRE 4.4 CHY 4.4 CHY 4.4 CHY 4.5 CHY 4.7 CH	E ELI ADDRESS (-S1-ZIP)  [ ELI ADDRESS (-S1-ZIP)  ELI ADDRESS (-S1-ZIP)  ELI ADDRESS -S1-ZIP			Change	Addition
TITLE NAME SECRETARY Nancy Swift 1701 Raleigh Ave CITY-SI-ZIP HOLLY Hill, FL  STREET ADDRESS CITY-SI-ZIP TITLE  NAME STREET ADDRESS CITY-SI-ZIP TITLE	Director FEETE enue 32117	2.1 TITLE 2.4 NAME 2.3 STRL 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRL 4.4 CITY 5.1 TITLE 5.2 NAME	E ELI ADDRESS (-S1-ZIP)  [ ELI ADDRESS (-S1-ZIP)  ELI ADDRESS (-S1-ZIP)  ELI ADDRESS -S1-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Director FEETE enue 32117 DELETE 32117 DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 5.2 NAME 5.3 STREE 5.4 CITY	E E ADDRESS (-S1-ZIP)  E E ADDRESS (-S1-ZIP)  E ADDRESS (-S1-ZIP)  E ADDRESS -S1-ZIP  E TI ADDRESS -S1-ZIP			Change Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Director FEETE enue 32117	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 DITLE 5.2 NAME 5.3 STRE	E E ADDRESS (-S1-ZIP)  E E-E1 ADDRESS (-S1-ZIP)  AE E1 ADDRESS -S1-ZIP  E E1 ADDRESS -S1-ZIP  E E1 ADDRESS -S1-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.

Nancy J. Swift, Secretary