OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #
Corporation Name P97000003598 \

TOM MORRIS, INC.

FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90012 033 ***550.00



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•	of Business	Mailing Address	UD OUITE	04.0						
i w. Kenn IPA Fl. 336	edy Blvd., Suite 216 ng	4601 W. KENNEDY BL TAMPA FL 33609	VU., SUITE :	216						
. A 1 L 000	v	Trimi ri I E 90009				DO NOT	WRITE IN THIS	SPACE	Ē	
						3. Date Incorporated or Qua 01/01/1997				
rincinal Pl	ace of Business	2a. Mailing Address				4 FEI Number			App	lied For
rincipal Place of Business		26				59-3426393			 -	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.		ditional
		27			5. Certificate of Status Desired Fee Required					
		City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be				
•		28				Trust Fund Contribution	ū	•	ided to	•
ip	Country	Zip	Cou	untry		8. This corporation owes the	current year _			
	25	29	30			Intangible Personal Prope	orty.	Yes		No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	ew Registered	Agent		
	DIO THOMAS O			81	Name					
	RRIS, THOMAS O	040		82	Street Addre	ress (P.O. Box Number is Not Acceptable)				·
	I W. KENNEDY BLVD., SUITE 2	216								
IAM	PA FL 33609			83		· · · · · · · · · · · · · · · · · · ·				
				84	City			85	Zip Co	nde
				04	City		FL	. 65	Zip Ct	706
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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.