

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90160 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058064

1. Corporation Name
MORGAN REYNOLDS, INC.



Principal Place of Business 511 BAYVIEW DR. HOLMES BEACH FL 34217	Mailing Address 511 BAYVIEW DR. HOLMES BEACH FL 34217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9303 9TH AVE NW Suite, Apt. #, etc. 22 City & State 23 BRADENTON Zip 24 FL 34209 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 15013 Suite, Apt. #, etc. 27 City & State 28 BRADENTON Zip 29 FL 34208-5013 Country 30 U.S.A.		3. Date Incorporated or Qualified 07/01/1997	
		4. FEI Number 65-0769766		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WALKER, ADRON H 3119 MANATEE AVE., W. BRADENTON FL 34205		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDGE, BRIAN M	1.2 NAME	
STREET ADDRESS	511 BAYVIEW DR	1.3 STREET ADDRESS	9303 9TH AVE N.W.
CITY-ST-ZIP	HOLMES BEACH FL 34217	1.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDGE, JUNE	2.2 NAME	
STREET ADDRESS	511 BAYVIEW DR	2.3 STREET ADDRESS	9303 9TH AVE, N.W.
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAMSEY, MARK & ELIZABETH	3.2 NAME	
STREET ADDRESS	511 BAYVIEW DR	3.3 STREET ADDRESS	9303 9TH AVE NW
CITY-ST-ZIP	HOLMES BEACH FL 34217	3.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDGE, ROSS & AMANDA	4.2 NAME	JOSS DAVIDGE & AMANDA
STREET ADDRESS	511 BAYVIEW DR	4.3 STREET ADDRESS	9303 9TH AVE NW
CITY-ST-ZIP	HOLMES BEACH FL 34217	4.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDGE, MATTHEW	5.2 NAME	
STREET ADDRESS	511 BAYVIEW DR	5.3 STREET ADDRESS	9303 9TH AVE. N.W.
CITY-ST-ZIP	HOLMES BEACH FL 34217	5.4 CITY-ST-ZIP	BRADENTON, FL 34209.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: **DAVIDGE, BRIAN M** PRESIDENT. MAR 30 99 941 7613816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)