

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90169 031 ***150.00

DOCUMENT # P97000095651

1. Corporation Name

MORGAN ASSET MANAGEMENT COMPANY, INC.



Principal Place of Business

10776 64TH AVENUE N
SEMINOLE FL 33772
US

Mailing Address

10776 64TH AVENUE N
SEMINOLE FL 33772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3477816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10660 75th Street

Suite, Apt. #, etc.

22

City & State

23 Largo, FL

Zip

24 33777

Country

25 U.S.

2a. Mailing Address

26 7 Durland Drive

Suite, Apt. #, etc.

27

City & State

28 Chester, N.Y.

Zip

29 10918

Country

30 U.S.

9. Name and Address of Current Registered Agent

MORGAN, DEBORA D
10660 75TH STREET
LARGO FL 33777

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MORGAN, DEBORA D.
STREET ADDRESS 10776 64TH AVENUE N
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME Secretary
MORGAN, DEBORA D.
STREET ADDRESS 10776 64th Ave. N
CITY-ST-ZIP Seminole, FL 33772

TITLE ☐ DELETE

NAME Treasurer
MORGAN, DEBORA D.
STREET ADDRESS 10776 64th Ave. N
CITY-ST-ZIP Seminole, FL 33772

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T ☒ Change ☐ Addition

1.2 NAME MORGAN, DEBORA D.

1.3 STREET ADDRESS 7 Durland Drive

1.4 CITY-ST-ZIP Chester, NY 10918

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Debora D. Morgan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99

914-774-2484

CR2E034 (11/98)

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