SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT 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#	P98000074685
Corporation Name	1 0000007 4000

MORRELL CONSTRUCTION COMPANY OF NORTHWEST FLORID

Principal Place of Business 719 ARCHER RD

Mailing Address

719 ARCHER RD

FILED Aug 25, 1999 8:00 am Secretary of State

08-25-1999 90002 022 ***550.00



CANIUMENT PL 32333 CANIUMENT PL 32333				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 08/24/1998	
2 Principal Di	non of Busin		2n Mailir	ng Address				4. FEI Number Applied For	
2. Principal Pla	ace or busin	C 33	 1	ny Audiess				59- 353 2283 Not Applicable	
21	# ata		26 Suite	Ant # etc				\$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired Fee Required		
City & State City & State							6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees	
Zip		Country Zip			Cou	ntry		8. This corporation owes the current year	
24		25	29		30			Intangible Personal Property. Yes No	
	9. Name	and Address of Curre	ent Registered	Agent				10. Name and Address of New Registered Agent	
	** ******				Ì	81	Name		
		& ODUM, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)			
	NEST MAIN					OLI Street Address (P.O. Box Multiper is Not Acceptable)			
PEN	isacola f	L 32501				83			
							O:t-	85 Zip Code	
						84	City	FL 85 Zip Code	
office or r agent. I a SIGNATURE	registered ag am familiar w	ent, or both, in the Sta ith, and accept the obli	te of Florida. Su igations of, secti	ch change was on 607.0505, Fl	authorized orida Stati	utes	the corpor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
	Signature, typed	or printed name of registered a				red A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.				13.		· ,			
TITLE	D			DELETE	1.1 TIT			Change Addition	
NAME		L, JERRY R JR.			1.2 NA				
STREET ADDRESS	719 ARC				1.3 STI	REET	ADDRESS	,	
CITY-ST-ZIP	CANTON	MENT FL 32533			1.4 CIT		r-ZIP		
TITLE				DELETE	2.1 TIT	LE		Change Addition	
NAME:					2.2 NA	ME			
STREET ADDRESS	3S 2.3		2.3 STI	STREET ADDRESS					
CITY-ST-ZIP		2.4 C		2.4 CI	TY-ST	r-ZIP			
TITLE				DELETE	3.1 TIT	LE		Change Addition	
NAME					3.2 NA	ME]		
STREET ADDRESS					3.3 ST	REET	ADDRESS		
CITY-ST-ZIP					3.4 CI		1		
TITLE			•	DELETE	4.1 TH			Change Addition	
NAME					4.2 NA	ME			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					4.4 CI				
TITLE				DELETE	5.1 TIT			Change Addition	
NAME .				DELETE	5.2 NA			Onlings Addition	
[ADDRESS		
STREET ADDRESS									
CITY-ST-ZIP					5.4 CI		-219		
TITLE	,	•	•	DELETE	6.1 TIT			Change Addition	
NAME					6.2 NA				
STREET ADDRESS					6.3 ST	REET	ADDRESS		

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.

SIGNATURE: