FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

'95 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16313 (6)

1. Corporate Name
MORRISON SALES & SERVICE, INC.

Principal Place of Business
3500 N. ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address
3500 N. ROOSEVELT BLVD.
KEY WEST FL 33040

FOR OFFICE USE ONLY

3. Date of Incorporation or Qualification: 12/05/1990
3a. Date of Last Report: 03/17/1994

2. Former Corporate Name
21

2a. Mailing Address
26

4. FEI Number: 65-0231795
☐ Applied For
☐ Not Applicable

22 State Abbrev.

27 State Abbrev.

5. Certificate of Status Desired: X $8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Does any officer or director listed for corporation under § 607.0850 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
OUELLET, ROBERT
3500 N. ROSSEVELT BLVD.
KEY WEST FL 33040

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. [illegible] Section 607.0505 Florida Statutes. Please [illegible] corporation submit the statement for the purpose of changing its registered office or registered agent within the State of Florida. Such change was authorized by the appropriate board of directors. Florida, acceptance of appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PT	TITLE	☐ Change ☐ Addition
NAME	MORRISON, ALAN H.	NAME	
STREET ADDRESS	3749 DUCK AVENUE	STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	CITY ST ZIP	
TITLE	V	TITLE	X Change ☐ Addition
NAME	MORRIS, JOHN	NAME	
STREET ADDRESS	~~7 EMERALD DR~~	STREET ADDRESS	13 BAMBOO TERRACE
CITY ST ZIP	KEY WEST FL	CITY ST ZIP	
TITLE	DS	TITLE	☐ Change ☐ Addition
NAME	OUELLET, ROBERT	NAME	
STREET ADDRESS	69 BOUNDARY LANE	STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. [illegible] that the information supplied with the filing is valid, [illegible] and that, for the purpose of Section [illegible] Florida Statutes, I further affirm that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall serve as my signature and have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person authorized to execute the report as required by Chapter [illegible] Florida Statutes, and that my name appears above, or on an attached amendment, or on file with the department.

SIGNATURE: ROBERT OUELLET, SECRETARY 5/1/95 305 294-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100777 CP