

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20054** (0)

1. Corporation Name

MORROW, LEFEBRE & GARCIA, P.A.



Principal Place of Business

165 W JESSUP AVE.
LONGWOOD FL 32750

Mailing Address

165 W JESSUP AVE.
LONGWOOD FL 32750

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3040792

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **300 N. County Road 427**

Suite, Apt. #, etc.

22 **Ste. 100**

City & State

23 **Longwood, FL**

Zip

24 **32750**

Country

2a. Mailing Address

26 **300 N. County Road 427**

Suite, Apt. #, etc.

27 **Ste. 100**

City & State

28 **Longwood, FL**

Zip

29 **32750**

Country

30

9. Name and Address of Current Registered Agent

**MORROW, MARK A.
165 W JESSUP AVE.
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

Lefebvre, Keith H.

82 Street Address (P.O. Box Number is Not Acceptable)

300 N. County Road 427

83

Ste. 100

84 City

Longwood

FL

85 Zip Code

32750

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 **Keith H. Lefebvre**
Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when registering)

4-23-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MORROW, MARK A.**
STREET ADDRESS **165 W JESSUP AVE.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☒ Addition
2 NAME **Lefebvre, Keith H.**
3 STREET ADDRESS **300 N. County Road, Ste. 100**
4 CITY-ST-ZIP **Longwood, FL 32750**

2 1 TITLE ☐ Change ☒ Addition
22 NAME **Pappas, Peter C.**
23 STREET ADDRESS **225 E. Robinson St., Ste. 540**
24 CITY-ST-ZIP **Orlando, FL 32801**

3 1 TITLE ☐ Change ☒ Addition
32 NAME **Garcia, Mario A.**
33 STREET ADDRESS **225 E. Robinson St., Ste. 540**
34 CITY-ST-ZIP **Orlando, FL 32801**

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Keith H. Lefebvre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96
Date

407-339-2500
Daytime Phone #

CR2E034 (12/95)