

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 # **S95101** (9)

1. Corporation Name

**MORTON BROS. DESIGN, INC.**



Principal Place of Business

**2055 WOOD ST  
SUITE 110  
SARASOTA FL 34237**

Mailing Address

**2055 WOOD ST  
SUITE 110  
SARASOTA FL 34237**

2. Principal Place of Business

2a. Mailing Address

21 **405 EAST MACEWEN DR**

26 **SARASOTA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **OSPREY**

28

Zip

Country

Zip

Country

24 **34229**

25 **SARASOTA**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/19/1991**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number  
**65-0296515**

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

**MORTON, DAVID  
2055 WOOD ST, 110  
SUITE 110  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent  
81 Name **DAVID MORTON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**405 EAST MACEWEN DR**  
83  
84 City **OSPREY** FL 85 Zip Code **34229**

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, 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 **PD** ☐ DELETE  
NAME **MORTON, DAVID**  
STREET ADDRESS **2055 WOOD ST #110**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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-D** ☒ Change ☐ Addition  
1.2 NAME **DAVID MORTON**  
1.3 STREET ADDRESS **405 EAST MACEWEN DR**  
1.4 CITY-ST-ZIP **OSPREY 34229**

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/15/96 941-966-3692  
Date Daytime Phone #