

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90247 046 \*\*\*150.00

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DOCUMENT # V00373

1. Corporation Name  
MORGAN COMMUNICATIONS, INC

Principal Place of Business  
12834 ALLPORT ROAD  
JACKSONVILLE FL 32258  
US

Mailing Address  
2000-1 HENDRICKS AVE  
#42  
JACKSONVILLE FL 32207  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1992

4. FEI Number

59-3099743

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 2000-1 Hendricks Ave

Suite, Apt. #, etc.

27 Suite 47

City & State

28 Jacksonville, Florida

Zip

29 32207

Country

30

US

9. Name and Address of Current Registered Agent

~~WOLF, WAYNE A.~~  
~~3733 UNIVERSITY BLVD., WEST~~  
~~SUITE 100~~  
~~JACKSONVILLE FL 32217~~

10. Name and Address of New Registered Agent

81 Name  
Bryan E. Blackburn

82 Street Address (P.O. Box Number is Not Acceptable)  
1921 Dewey Place

83

84 City  
Jacksonville

FL

85 Zip Code  
32207

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MORGAN, NEAL  
STREET ADDRESS 3821 LORETTO RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE  
NAME MORGAN, JACKIE R.  
STREET ADDRESS 3821 LORETTO RD  
CITY-ST-ZIP JACKSONVILLE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST ☐ Change ☒ Addition  
1.2 NAME Richard Morgan  
1.3 STREET ADDRESS 12834 Allport Road  
1.4 CITY-ST-ZIP Jacksonville, FL 32258

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:

*Richard Morgan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)