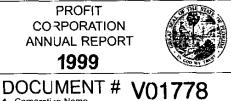
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ROGEF: C. MORGAN, INC.



FLORIDA DEPAFTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90183 011 ***150.00

| Principal Place of Business | Mailing Address | | |
|---|---|---------------------------|--|
| 3983 CHICORA WOOD PL | 3983 CHICORA WOOD PL | | |
| JACKSONVILLE FL 32224 | JACKSONVILLE FL 32224 | | DO NOT WRITE IN THIS SPACE |
| US | US | | 3. Date Incorporated or Qualifed 12/18/1991 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Nuraber Applied For |
| 21 | 26 | | 23-2490495 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| | 27 | | 5. Certificate of Status Desired Fee Required |
| City & State | City & State | | 6. Electior Campaign Financing \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution Added to Fees |
| Zip Country | Zip | Country | 8. This co poration owes the current year httangible Personal Property Tax. |
| 24 25 | | 30 | Personal Property Tax. L Yes L JNo 10. Name and Address of New Registered Agent |
| 9. Name and Address of Curre | nt Registered Agent | 81 1 | Name |
| SHEEHAN, JAMES H. ESQUIRE | | " | IABILIE |
| 4811 ATLANTIC BLVD. | | 82 | Street Ad fress (P.O. Box Number is Not Acceptable) |
| JACKSONVILLE FL 32207 | | 83 | |
| ON ON ON THE LET WAS A STATE OF THE PARTY. | | | |
| | | 84 (| City FL 85 Zip Code |
| office or registered agent, or both, in the State agent. am familiar with, and accept the oblig | of Florida. Such change was au | ithorized by the | named corporation submits this statement for the purpose of changing its registered he corporation's board of cirectors. I hereby accept the appointment as registered |
| SIGNATURE | | B | signature required when reinstation) DATE |
| Signature, typed or printed haine of registered ago | nt and little if applicable (NOTE: NE) DIRECTORS | 13. | signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. OFFICERS A | DELETE | 1.1 TITLE | Change Addition |
| NAME MORGAN, ROGER C. | | 1.2 NAME | |
| STREET ADDRESS 3983 CHICORA WOOD PL | | 1.3 STREET AL | ADDRESS |
| CITY-ST-ZIP JACKSONVILLE FL | | 1.4 CITY-ST-Z | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADORESS | | 2.3 STREET AL | ADDRESS |
| CITY-ST-ZIP | | 2 4 CITY-ST-2 | |
| TITLE | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET AG | ADDRESS |
| CITY-ST-ZIP | | 3,4 CITY-ST-2 | |
| TITLE | ☐ DELETE | 4,1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4.3 STREET AL | |
| CITY-ST-ZIP | | 44 CITY-ST-Z | -ZIP ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | S.1 TITLE | |
| NAME | | 5.2 NAME 5.3 STREET AL | ANNOCCE |
| STREET ADDRESS | | 5.3 STREET AL | |
| CITY-ST-ZIP | ☐ D€LETE | 6.1 TITLE | Change Addition |
| TITLE | C OFFEIG | 6.2 NAME | |
| NAME | | 6.3 STREET AL | ADDRESS: |
| STREET ADOR -SS | | 0.0 011444174 | ·- |

14. I here by 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 indicaled 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 change 1, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)