

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04295** (4)

1. Corporation Name

MORGAN, COLLING & GILBERT II, P.A.



Principal Place of Business

**20 NORTH ORANGE AVENUE
SUITE 1607
ORLANDO FL 32801**

Mailing Address

**20 NORTH ORANGE AVENUE
SUITE 1607
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**MORGAN, ULTIMA D. ESQUIRE
315 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3114687

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

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. 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person submitting this report (Agent/Secretary/Treasurer)

Signature of New Registered Agent (if applicable)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

DVS

☐ DELETE

NAME

COLLING, STEWART L.

STREET ADDRESS

**20 NORTH ORANGE AVENUE
ORLANDO FL**

CITY-ST-ZIP

2. TITLE

DPT

☐ DELETE

NAME

MORGAN, JOHN B.

STREET ADDRESS

**20 NORTH ORANGE AVENUE
ORLANDO FL**

CITY-ST-ZIP

3. TITLE

DV

☐ DELETE

NAME

GILBERT, RONALD S.

STREET ADDRESS

**20 NORTH ORANGE AVENUE
ORLANDO FL**

CITY-ST-ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**100000175.4111
03/22/96-01028-012
\$4,200.00**

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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 3-21-96

CR2E034 (12/95)