

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

000855

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90206 033 ***150.00
03-04-1999 90206 034 ****61.25

DOCUMENT # V08628

1. Corporation Name

MORRIS FAMILY CORPORATION

Principal Place of Business
3408 INVERNESS DR
CHEVY CHASE MD 20815-5623
US

Mailing Address
3408 INVERNESS DR
CHEVY CHASE MD 20815-5623
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number

65-0315846

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 Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**MORRIS, ARTHUR A.
2245 AMESBURY CT
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name
DAVID MORRIS

82 Street Address (P.O. Box Number is Not Acceptable)
2245 AMESBURY COURT

83

84 City
WELLINGTON **FL** 85 Zip Code
33414

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, typed or printed name of registered agent and title if applicable

DAVID A. MORRIS

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-99

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, DWIGHT M	
STREET ADDRESS	1721 ALLARD RD.	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	3408 INVERNESS DRIVE	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, DEBORAH M	
STREET ADDRESS	4182 OAKWOOD DR.	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DAVID A	
STREET ADDRESS	2245 AMESBURY CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS, DWIGHT M	
1.3 STREET ADDRESS	1721 ALLARD RD	
1.4 CITY-ST-ZIP	CHAPEL HILL, NC 27514	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORRIS, ROBERT	
2.3 STREET ADDRESS	3408 INVERNESS DRIVE	
2.4 CITY-ST-ZIP	CHEVY CHASE, MD 20815	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORRIS, DAVID A	
4.3 STREET ADDRESS	2245 AMESBURY CT	
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert A. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A MORRIS

2/11/99
Date

301-215-4676

Daytime Phone #

CR2E034 (11/98)