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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V24141

(6)

1. Corporation Name

MORRIS FABRICATION SHOP, INC.

Principal Place of Business

PO BOX 99
CHIPLEY FL 32448

Mailing Address

PO BOX 99
CHIPLEY FL 32428-0099



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Rt. 1 Box 424 B		26 Suite, Apt. #, etc.		03/25/1992	02/22/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Bonifay, Florida		28 City & State		59-3119026	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
32425		Holmes		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MORRIS, JIMMY D.
103 HWY 277 S.
CHIPLEY FL 32428

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	MORRIS, JIMMY D.	1.2 NAME	Morris, Jimmy D.
STREET ADDRESS	103 HWY 277 S.	1.3 STREET ADDRESS	Rt. 1 Box 424 B
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	Bonifay, FL 32425
TITLE	SD	2.1 TITLE	SD
NAME	MORRIS, DIANNE	2.2 NAME	Morris, Dianne
STREET ADDRESS	103 HWY 277 S.	2.3 STREET ADDRESS	Rt. 1 Box 424 B
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	Bonifay, FL 32425
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

 (JIMMY D. MORRIS)

2/10/97

804-638-4245

CP2E034 (9/96)