

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90158 032 ***150.00

DOCUMENT # V67438

1. Corporation Name
MORGAN COMTEC, INC.

Principal Place of Business
9637 NAVARRE PARKWAY
NAVARRE FL 32566

Mailing Address
1114 E. COLLINWOOD CIRCLE
OPELIKA AL 36801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1992

4. FEI Number

59-3150078

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 9645 Navarre Pky

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

HURD, THOMAS C JR
9637 NAVARRE PARKWAY
NAVARRE FL 32566

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. (NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HURD, CLINT
STREET ADDRESS 1114 E. COLLINWOOD CIRCLE
CITY-STATE-ZIP OPELIKA AL 36801 ☐ DELETE

TITLE STD
NAME HURD, ROSE ANNE
STREET ADDRESS 1114 E. COLLINWOOD CIRCLE
CITY-STATE-ZIP OPELIKA AL 36801 ☐ DELETE

TITLE VD
NAME MORGAN, CONSTANTINA D
STREET ADDRESS 9637 NAVARRE PARKWAY
CITY-STATE-ZIP NAVARRE FL 32566 ☐ DELETE

TITLE D
NAME SEGREST, CHARLES D
STREET ADDRESS 634 CARY DRIVE
CITY-STATE-ZIP AUBURN AL 36608 ☐ DELETE

TITLE D
NAME STEPHENS, SELDAN H
STREET ADDRESS 259 TUTHILL LANE
CITY-STATE-ZIP MOBILE AL 32566 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a different like empowered.

SIGNATURE: Thomas G. Hurd, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0523013