

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06935

Entity Name: MORALES CONSTRUCTION CO., INC.**Current Principal Place of Business:**6950 PHILIPS HWY
SUITE 15
JACKSONVILLE, FL 32216**Current Mailing Address:**6950 PHILIPS HWY
SUITE 15
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2418328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAX CO.
50 N LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CSD
Name	MORALES, R., JR.
Address	6950 PHILIPS HWY STE 15
City-State-Zip:	JACKSONVILLE FL 32216

Title	VPD
Name	KING, THOMAS FIII
Address	6950 PHILIPS HWY STE 15
City-State-Zip:	JACKSONVILLE FL 32216

Title	PD
Name	MORALES, RICARDO III
Address	6950 PHILIPS HWY STE 15
City-State-Zip:	JACKSONVILLE FL 32216

Title	AS
Name	MANTON, JANE D
Address	6950 PHILIPS HWY STE 15
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	MCFARLANE, JOHN P
Address	6950 PHILLIPS HWY STE 15
City-State-Zip:	JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO MORALES, III**PRESIDENT****02/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date