

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

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90045 019 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **858480**

1. Corporation Name

WALTER P. MOORE AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3131 EASTSIDE STREET, SECOND FLOOR HOUSTON TX 77098-1792		Mailing Address 3131 EASTSIDE STREET, SECOND FLOOR HOUSTON TX 77098-1792	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 11/16/1983		4. FEI Number 74-1554339	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TEMPLE, RICHARD 201 EAST KENNEDY BOULEVARD SUITE 300 TAMPA FL 33602-5181		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C <input checked="" type="checkbox"/> DELETE NAME MOORE, WALTER P., JR. STREET ADDRESS 3131 EASTSIDE, 2ND FL CITY-ST-ZIP HOUSTON TX		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Deceased 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> DELETE NAME GRIFFIS, LAWRENCE G. STREET ADDRESS 3131 EASTSIDE, 2ND FL CITY-ST-ZIP HOUSTON TX		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE NAME MESSER, RAYMOND F. STREET ADDRESS 3131 EASTSIDE, 2ND FLOOR CITY-ST-ZIP HOUSTON TX		3.1 TITLE President and Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME HARRIS, MOLLY A STREET ADDRESS 3131 EASTSIDE, 2ND FL CITY-ST-ZIP HOUSTON TX		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME MAGNUSSON, TOM STREET ADDRESS 3131 EASTSIDE, 2ND FL CITY-ST-ZIP HOUSTON TX		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

713-630-7300

Date

Daytime Phone #

CR2E034 (1/198)