

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K48995 (0)
 1. Corporation Name
MOORE GARNER GRAVES, INC.



Principal Place of Business 499 STATE ROAD 434, #2179 ALTAMONTE SPRINGS FL 32714	Mailing Address 499 STATE ROAD 434, #2179 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 499 N. ST. RD. 434	26 499 N. ST. RD. 434			12/05/1988	
Suite, Apt. #, etc. 22 SUITE 2179		Suite, Apt. #, etc. 27 SUITE 2179		4. FEI Number	
City & State		City & State		59-2927739	
23 ALTAMONTE SPRINGS, FL		28 ALTAMONTE SPRINGS, FL		Applied For	
Zip		Zip		Not Applicable	
24 32714	25 SEMINOLE	29 32714	30 SEMINOLE	5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
SEMINOLE		SEMINOLE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLINGSWORTH, GEORGE R, II 499 STATE ROAD 434, STE 2179 ALTAMONTE SPRINGS FL 32714				81 Name	HOLLINGSWORTH, GEORGE R, II		
				82 Street Address (P.O. Box Number is Not Acceptable)	499 N. ST. RD. 434		
				83	SUITE 2179		
				84 City	ALTAMONTE SPRINGS	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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, B. J.	1.2 NAME	
STREET ADDRESS	499 STATE RD. 434, #2179	1.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JOHN MICHAEL	2.2 NAME	
STREET ADDRESS	499 STATE RD. 434, #2179	2.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, GEORGE R II	3.2 NAME	
STREET ADDRESS	499 STATE RD 434, #2179	3.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ **GEORGE R. HOLLINGSWORTH, II 1/28/98 (407) 862-9560**

CR2E034 (10/97)