FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **110572** **(5)**

1. Corporation Name
MOORE PIPE & SPRINKLER CO.

Principal Place of Business	Mailing Address
4517 2 APPLETON AVENUE P O BOX 7419 JACKSONVILLE FL 32236-7419	4517 2 APPLETON AVENUE P O BOX 7419 JACKSONVILLE FL 32236-7419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1926**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 4250 LAKESIDE DRIVE	26 4250 LAKESIDE DRIVE
Suite, Apt. #, etc. 22 SUITE 206	Suite, Apt. #, etc. 27 SUITE 206
City & State 23 JACKSONVILLE, FLA	City & State 28 JACKSONVILLE FLA
Zip 24 32210	Country 25 DUVAL
Zip 29 32210	Country 30 DUVAL

4. FEI Number: **59-0367280** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EVANS, JERRY B.
2724 LONG BOW ROAD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4724 LONGBOW ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EVANS, JERRY B	12 NAME	
STREET ADDRESS	4724 LONG BOW RD	13 STREET ADDRESS	
CITY ST ZIP	JAX, FL 00000	14 CITY ST ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, HOWELL M JR	22 NAME	
STREET ADDRESS	1596 LANCASTER TERR #1-A	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	STEEDLEY, WILLIAM H.	32 NAME	
STREET ADDRESS	4363 WATER OAK LANE	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information contained herein, to the best of my knowledge, is true and accurate. I further certify that the information indicated on this report or supplemental 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: _____ William H. Steedley Vice President 4/28/95 (904) 384-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408858 FP