

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
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DOCUMENT # 125823 (5) 1. Corporation Name MOOR BROTHERS HOLDING COMPANY

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 95 JUN -1 AM 10:37

Principal Place of Business 408 PLANTATION ROAD TALLAHASSEE FL 32303-4206 US	Mailing Address 408 PLANTATION ROAD TALLAHASSEE FL 32303-4206 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1932		3a. Date of Last Report 04/11/1994	
4. FEI Number 59-0366680		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			

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent MOOR, WILLIAM L 408 PLANTATION ROAD TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent <table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>85</td><td>Zip Code</td></tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name												
82	Street Address (P.O. Box Number is Not Acceptable)												
83													
84	City												
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 of association) (Typed or printed name of registered agent and title of association) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MOOR, WILLIAM L 408 PLANTATION RD. TALLAHASSEE FL	1. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	CD DAVIS, SARAH M. 300 CORTEZ ST. TALLAHASSEE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MOOR, WILLIAM L, JR. 3640 PINE TIP RD TALLAHASSEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD BELVIN, CHARLES F. 1575 CRISTOBAL DR. TALLAHASSEE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: W. L. Moor 6-1-95 (904) 385-2516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

W. L. MOOR

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN - 1 1995

DOCUMENT # 128707 (7)

1. Corporation Name:

LONGINO RANCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1934** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-0758782** 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 § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

Mailing Address

**ROUTE #2
BOX 695
ARCADIA FL 33821**

**ROUTE #2
BOX 695
ARCADIA FL 33821**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONGINO JR, B T
RT. #2, BOX 695
ARCADIA FL 33821**

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 required)

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LONGINO JR, B T**
STREET ADDRESS **RT. #2, BOX 695**
CITY, ST, ZIP **ARCADIA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **VD**
NAME **CURRY, JESSIE BETH**
STREET ADDRESS **2625 NELA AVENUE**
CITY, ST, ZIP **ORLANDO, FL 0**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **STD**
NAME **WINTON, SHIRLEY**
STREET ADDRESS **1001 S 11TH STREET**
CITY, ST, ZIP **FORT PIERCE, FL 0**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE **D**
NAME **PURVIS, M L**
STREET ADDRESS **3210 ANGUS DR**
CITY, ST, ZIP **PRESCOTT, ARIZONA 0**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Section 119.07(3)(b), 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:

(Signature and typed or printed name of signing officer or director)

5/29/95 (941) 322-1227