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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:06

DOCUMENT # **222029** **(1)**

1. Corporation Name
MOODY AND MOODY, INC.

Principal Place of Business	Mailing Address
206 NORTH COLLINS STREET PLANT CITY FL 33566	206 NORTH COLLINS STREET PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1959	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-0366390	☐ 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	2a. Mailing Address
21	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

WALDEN, DAN R.
4536 SWINGER RD
DOVER FL 33527

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 _____
Signature, typed or printed name of registered agent and the date of execution — NOTE: Registered Agent signature required when changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TRINKLE, ROBERT S	12 NAME	
STREET ADDRESS	711 PINEDALE DR	13 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WALDEN, DAN R.	22 NAME	
STREET ADDRESS	4536 SWINGER RD	23 STREET ADDRESS	
CITY ST ZIP	DOVER FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☑ Change ☐ Addition
NAME	MOODY, JAMES S, JR	32 NAME	Delete.
STREET ADDRESS	2202 COUNTRY CLUB CT	33 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 00000	34 CITY ST ZIP	
TITLE	ST	41 TITLE	VD ST ☐ Change ☐ Addition
NAME	WILLINGHAM, CAROLE S	42 NAME	Carole Shelton
STREET ADDRESS	1691 BRA OAK LANE	43 STREET ADDRESS	3510 Clubhouse Dr
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP	Plant City, FL 33567
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 do hereby certify that the information supplied with this filing is currently furnished and 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 added hereto, with an addition.

SIGNATURE: _____ 2/20/95 813-659-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0907768 CP