

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 225415

(9)

1. Corporation Name

MOORMAN'S CARROLL'S, INC.

APPROVED  
AND  
FILED  
97 MAY 20 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

365 MIRACLE MILE  
CORAL GABLES FL 33134

Mailing Address

365 MIRACLE MILE  
CORAL GABLES FL 33134-5819

3. Date Incorporated or Qualified

06/30/1959

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0870490

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

MOORMAN, ROBERT B  
365 MIRACLE MILE  
CORAL GABLES FL 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D MOORMAN JR, ROBERT B  
STREET ADDRESS  
365 MIRACLE MILE  
CITY-ST-ZIP  
CORAL GABLES, FL 00000

TITLE ☐ DELETE

NAME  
P MOORMAN, ROBERT  
STREET ADDRESS  
365 MIRACLE MILE  
CITY-ST-ZIP  
CORAL GABLES, FL 00000

TITLE ☐ DELETE

NAME  
S MOORMAN, JEANNE  
STREET ADDRESS  
365 MIRACLE MILE  
CITY-ST-ZIP  
CORAL GABLES, FL 00000

TITLE ☐ DELETE

NAME  
D MOORMAN, STEPHEN  
STREET ADDRESS  
365 MIRACLE MILE  
CITY-ST-ZIP  
CORAL GABLES, FL 00000

TITLE ☐ DELETE

NAME  
D MOORMAN, JOHN J. II  
STREET ADDRESS  
365 MIRACLE MILE  
CITY-ST-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

365 446-1611

CR2E034 (9/96)