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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 258426 1. Corporation Name

MOULTON BROTHERS, INC.

Principal Plac	e of Business	Mailing Address			*				
380 LURTON STREET 380 LURTON STREET									
PENSACOLA FL 32505-2297 PENSACOLA FL 32505-2297						DO NOT WRITE IN	THIS SP	ACE	
						3. Date Incorporated or Qualifed			
1						04/27/1962			
2. Principal D	Mace of Business	2a. Mailing Address				4. FEI Number		T A	oplied For
21	lace of Dualitess	26				59-1009669			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc	D.						Additional
22	The state of the s	— — · · · ·	27			5. Certificate of Status Desired		Fee R	equired
City & Stat	te .	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current y			_
24	25	29	30			Personal Property Tax.		Yes	□No
•	9. Name and Address of Curre	nt Registered Agent		-		10. Name and Address of New Regis	tered Ag	ent	
1101	ILTON IAMES C			81	Name				
MOULTON, JAMES C. 380 LURTON ST.				82	Street A	Address (P.O. Box Number is Not Acceptable)	s (P.O. Box Number is Not Acceptable)		
PEN	SACOLA FL 32505	•		83					
				84	City			85 Zip	Code
	•				,	corporation submits this statement for the purp	FL		
agent. I a	m familiar with, and accept the obligation of th	_				quired when reinstating) D	ATE		
12.		ND DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS IN 12
TITLE	VSD	☐ DELE	TE 1.11	NTLE				☐ Change	Addition
NAME	MOULTON, ROBERT W		1.21	VAME					
STREET ADDRESS	380 LURTON ST		1.3 9	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 (CITY-S	T-ZiP				
TITLE	PTD	☐ DELE	TE 2.11	rme] Change	☐ Addition
NAME	MOULTON, JAMES C		2.2	NAME	1				
STREET ADDRESS	380 LURTON ST		2.3	STREET	T ADDRESS	•			
CITY-ST-ZIP	PENSACOLA, FL 00000		2.4	CITY-S	T-ZIP -			<u></u>	
TITLE	AS	☐ DELE	TE 3.1	ΠLE] Change	☐ Addition
NAME	FOSTER, LORETTA		3.21	VAME					
STREET ADDRESS			3.3	STREET	TADDRESS		ζ.		
CITY-ST-ZIP	PENSACOLA FL		3.4.	CITY-S	T-Z!P		<u> </u>		
TITLE		☐ DEFE	TE 4.11	IITLE	1		Ĺ] Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS	s		4.3	STREET	TADDRESS				
CITY-ST-ZIP	<u> </u>	.		CITY-S	T-ZIP		-		
TITLE		☐ DELE		MLE				_ Change	☐ Addition
NAME	+			NAME					
STREET ADDRESS			5.3	STREET	T ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		DELE		ΠLĘ				Change	Addition
NAME	1			NAME				÷	
	•		I		TADDRESS				

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 confortation 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 appears, with appointer like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90108 015 ***150.00