SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 262550 (7)

1. Corporation Name
THE MOORINGS DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
MOORINGS DEVELOPMENT CO THE 2125 WINDWARD WAY VERO BCH FL 32963	MOORINGS DEVELOPMENT CO THE 2125 WINDWARD WAY VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1962
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1005357 ☐ 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
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BCH FL 32963

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	V	1.1 TITLE	P	[X] Change ☐ Addition
NAME	PROCTOR, DONALD C.	1.2 NAME		
STREET ADDRESS	2125 WINDWARD WAY	1.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH, FL 00000	1.4 CITY, ST, ZIP		
TITLE	TAS	2.1 TITLE		[X] Change ☐ Addition
NAME	LINDA MURCHINSON	2.2 NAME	Linda Murchison	
STREET ADDRESS	2125 WINDWARD WAY	2.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH, FL 00000	2.4 CITY, ST, ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BRADSHAW, CHARLES J.	3.2 NAME		
STREET ADDRESS	2125 WINDWARD WAY	3.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH, FL 00000	3.4 CITY, ST, ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	RUST, GARY	4.2 NAME		
STREET ADDRESS	2125 WINDWARD WAY	4.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH, FL 00000	4.4 CITY, ST, ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, FERGUSON E.	5.2 NAME		
STREET ADDRESS	2125 WINDWARD WAY	5.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BCH, FL	5.4 CITY, ST, ZIP		
TITLE	P	6.1 TITLE	V	[X] Change ☐ Addition
NAME	RICHARDSON, DANFORTH K.	6.2 NAME		
STREET ADDRESS	2125 WINDWARD WAY	6.3 STREET ADDRESS		
CITY, ST, ZIP	VERO BCH, FL	6.4 CITY, ST, ZIP		

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 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 on an attachment with an address.

SIGNATURE: Linda Murchison 6/30/95 407-231-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0016677 CP