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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 340177 (5)

1. Corporation Name  
MOORE BUSINESS SERVICE, INC.

Principal Place of Business  
404 N INGRAHAM AVE  
LAKELAND FL 33801

Mailing Address  
404 N INGRAHAM AVE  
LAKELAND FL 33801-2031



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1701 S. Florida Avenue		26 P. O. Box 2242		01/15/1969		04/01/1996	
Suite Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1230092		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Lakeland, FL		28 Lakeland, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 33803-2262		29 33806-2242		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25 USA		30 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE, S A, JR 404 N INGRAHAM AVE LAKELAND, FL 33801				81 Name (change of address only)			
				82 Street Address (P.O. Box Number is Not Acceptable) 1701 S. Florida Avenue			
				83			
				84 City Lakeland, FL			
				85 Zip Code 33803			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DV
NAME	WILSON, BICKLEY	1.2 NAME	Wilson, Bickley
STREET ADDRESS	404 N INGRAHAM AVE	1.3 STREET ADDRESS	1701 S. Florida Avenue
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	PD	2.1 TITLE	PD
NAME	MOORE, S A, JR	2.2 NAME	Moore, S A, Jr.
STREET ADDRESS	404 N INGRAHAM AVE	2.3 STREET ADDRESS	1701 S. Florida Avenue
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	V	3.1 TITLE	VST
NAME	GOLDEN, F.O.	3.2 NAME	Golden, F O
STREET ADDRESS	404 N INGRAHAM AVE	3.3 STREET ADDRESS	1701 S. Florida Avenue
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	VST	4.1 TITLE	
NAME	WHITE, JACK A.	4.2 NAME	
STREET ADDRESS	404 N. INGRAHAM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

S. A. Moore, Jr., President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97  
Date

941-688-4060  
Daytime Phone #

0306502

CR2E034 (9/96)