

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES H. MARTIN
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **387239**

(7)

ENVIRONMENTAL DESIGN CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 08/23/1971	3a. Date of last report 05/01/1994
4. FEI Number 59-1417783	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	

1. Principal Office Address 710 RIDGEWOOD RD. KEY BISCAYNE FL 33149		2a. Mailing Address 710 RIDGEWOOD RD. KEY BISCAYNE FL 33149		
2. Principal Office City 21	2b. Mailing Address City 26	3. Principal Office State 22		3a. Mailing Address State 27
4. Principal Office Zip 23	4a. Mailing Address Zip 28	5. Principal Office County 24	5a. Mailing Address County 29	6. Principal Office Country 30

9. Name and Address of Current Registered Agent ALVAREZ, RAUL 710 RIDGEWOOD RD. KEY BISCAYNE FL 33149	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.08(2) and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and agree to the obligations set forth in Section 607.08(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
NAME	TD ALVAREZ, ALEJANDRO R 710 RIDGEWOOD RD KEY BISCAYNE, FL 00000	1. TYPE	☐ Change ☐ Addition
NAME	PD ALVAREZ, RAUL 710 RIDGEWOOD RD KEY BISCAYNE, FL 00000	2. NAME	
NAME	VD ALVAREZ, ANA MARIA 710 RIDGEWOOD RD KEY BISCAYNE, FL 00000	3. STREET ADDRESS	
NAME	VD ALVAREZ, MARCOS M. 710 RIDGEWOOD RD KEY BISCAYNE FL	4. CITY, ST, ZIP	
NAME	SD ALVAREZ, LEONARDO J. 701 RIDGEWOOD RD. KEY BISCAYNE FL	5. TYPE	☐ Change ☐ Addition
NAME		6. NAME	
NAME		7. STREET ADDRESS	
NAME		8. CITY, ST, ZIP	
NAME		9. TYPE	☐ Change ☐ Addition
NAME		10. NAME	
NAME		11. STREET ADDRESS	
NAME		12. CITY, ST, ZIP	
NAME		13. TYPE	☐ Change ☐ Addition
NAME		14. NAME	
NAME		15. STREET ADDRESS	
NAME		16. CITY, ST, ZIP	
NAME		17. TYPE	☐ Change ☐ Addition
NAME		18. NAME	
NAME		19. STREET ADDRESS	
NAME		20. CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *Raul Alvarez*
RAUL ALVAREZ, PRESIDENT
MAY/1/95 (305) 361-5997

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FLORIDA DEPARTMENT OF STATE
Kathleen B. McManamy
Secretary of State
JENNIFER L. COOPER, MATTHEW J. HARRIS
OFFICIALS

DOCUMENT # 387807

(1)

To: Corporation Name

JACK MOORE & COMPANY, INC.

RECORDED & FILED
TALLAHASSEE, FLORIDA

Principal Place of Business
6008 MONTGOMERY AVE
P.O. BOX 37010
PENSACOLA FL 32526-1326

Mailing Address
6008 MONTGOMERY AVE
P.O. BOX 37010
PENSACOLA FL 32526-1326

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 09/02/1971	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1351932	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. 190.012 Florida Statutes ☒ Yes ☐ No	

2. Director/Officer of Business 21	2a. Mailing Address 26
State App. # etc. 22	State App. # etc. 27
City & State 23	City & State 28
City 24	City 29
County 25	County 30

9. Name and Address of Current Registered Agent

MOORE, WM. JACKIE
2732 PLEASANT VALLEY DRIVE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0605 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE _____
By _____, Registered Agent, Corporation registered under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD MOORE, WM. JACKIE	1.1 TITLE 2732 PLEASANT VALLEY DR	1.1 TITLE ☐ Change ☐ Addition	
2. NAME 2732 PLEASANT VALLEY DR	2.1 STREET ADDRESS CANTONMENT FL	2.1 STREET ADDRESS ☐ Change ☐ Addition	
3. NAME SD MOORE, MARIE E.	3.1 STREET ADDRESS 2732 PLEASANT VALLEY DR	3.1 STREET ADDRESS ☐ Change ☐ Addition	
4. NAME 2732 PLEASANT VALLEY DR	4.1 STREET ADDRESS CANTONMENT FL	4.1 STREET ADDRESS ☐ Change ☐ Addition	
5. NAME CANTONMENT FL	5.1 STREET ADDRESS CANTONMENT FL	5.1 STREET ADDRESS ☐ Change ☐ Addition	
6. NAME CANTONMENT FL	6.1 STREET ADDRESS CANTONMENT FL	6.1 STREET ADDRESS ☐ Change ☐ Addition	
7. NAME CANTONMENT FL	7.1 STREET ADDRESS CANTONMENT FL	7.1 STREET ADDRESS ☐ Change ☐ Addition	
8. NAME CANTONMENT FL	8.1 STREET ADDRESS CANTONMENT FL	8.1 STREET ADDRESS ☐ Change ☐ Addition	
9. NAME CANTONMENT FL	9.1 STREET ADDRESS CANTONMENT FL	9.1 STREET ADDRESS ☐ Change ☐ Addition	
10. NAME CANTONMENT FL	10.1 STREET ADDRESS CANTONMENT FL	10.1 STREET ADDRESS ☐ Change ☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and accurate and that my signature shall have the same legal effect as if made on the oath. That this is a full and complete disclosure of the information required to be furnished in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed officers and directors with an address.

SIGNATURE:

Jack Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

904-944-5514