

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

FILED

Jan 22 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **420423** (6)

1. Corporation Name  
**MOORE INTERNATIONAL TRUCKS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>3030</b><br><b>US HWY 27 NORTH</b><br><b>P O BOX 1566</b><br><b>HAINES CITY FL 33845 DAVENPORT FL 33837</b> | Mailing Address<br><b>US HWY 27 NORTH</b><br><b>P O BOX 1566</b><br><b>HAINES CITY FL 33845-1566</b> |
|---|--|

|   |   |  |  |
|---|---|--|--|
| 2. Principal Place of Business<br>21 <b>3030 Hwy 27 N</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>DAVENPORT FL</b><br>Zip<br>24 <b>33837</b> Country<br>25 <b>USA</b> | 2a. Mailing Address<br>26 <b>P O Box 1566</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>HAINES CITY FL</b><br>Zip<br>29 <b>33845</b> Country<br>30 <b>USA</b> | 3. Date Incorporated or Qualified<br><b>03/06/1973</b>   | 3a. Date of Last Report<br><b>01/23/1996</b>           |
|   |   | 4. FEI Number<br><b>59-1456288</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   |   | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
|   |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
|   |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>MOORE, RONALD R.</b><br><b>NORTH HWY 27</b><br><b>HAINES CITY FL 33844</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3030 Hwy 27 N</b><br>83<br>84 City <b>DAVENPORT</b> FL 85 Zip Code <b>33837</b> |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PT <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MOORE, RONALD R</b>             | 1.2 NAME  |  |
| STREET ADDRESS             | <b>SANDERS RD</b>                  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DAVENPORT FL</b>                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOORE, MICHAEL N.</b>           | 2.2 NAME  |  |
| STREET ADDRESS             | <b>SPRUCE COURT</b>                | 2.3 STREET ADDRESS                                    | <b>GOLFCOURSE PKWY</b>   |
| CITY-ST-ZIP                | <b>DAVENPORT FL</b>                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MOORE, MARY LOU</b>             | 3.2 NAME  |  |
| STREET ADDRESS             | <b>SANDERS ROAD</b>                | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DAVENPORT FL</b>                | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | AT <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MOORE, MARY</b>                 | 4.2 NAME  | <b>MOORE, MARY LOU</b>   |
| STREET ADDRESS             | <b>SANDERS RD</b>                  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DAVENPORT, FL 00000</b>         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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.

SIGNATURE: Mary Lou Moore **MARY LOU MOORE** 1-14-97 941-424-2411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)