


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

APPROVED
AND
FILED

1997 JUL 18 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **468381**

1. Corporation Name

E. C. Moyson, Inc.

Principal Place of Business

Mailing Address

**400 NO. CHURCH ST.
KISSIMMEE, FL 34741**

**PO BOX 420159
KISSIMMEE, FL 34742**

2. Principal Place of Business	2a. Mailing Address
21 400 NO. CHURCH ST.	26 PO BOX 420159
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 108	27
City & State	City & State
23 KISSIMMEE, FL	28 KISSIMMEE, FL
Zip	Zip
24 34741	29 34742
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
1975	1996
4. FLI Number	Applied For
59-1564165	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**E. C. Moyson
702 SO. DILLINGHAM AVE.
KISSIMMEE, FL 34741**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002243064-5 -07/21/97-01103-007
84 City
***165.00 FL ***165.00

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 **E. C. Moyson** DATE **6/30/97**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	E. C. MOYSON	1.3 STREET ADDRESS	
CITY-ST-ZIP	702 SO. DILLINGHAM AVE KISSIMMEE, FL 34741	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEC/TREASURER	2.2 NAME	
STREET ADDRESS	MARYLOU MOYSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	702 SO. DILLINGHAM AVE KISSIMMEE, FL 34741	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: **E. C. Moyson** DATE: **6/30/97** FILE NO: **407/846-6342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

pg 292

TIGEBORA, I thank you for sending me the corp. annual form. My wife, who normally takes care of all our paper work has been very ill. Two operations in the past four months. I misplaced the first form sent, then requested via phone an additional form on 2 separate phone calls. We did not receive either forms, my accountant requested this form, and we are returning it as quickly as we can.

Respectfully,
Edw. E. C. Morgan