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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 468381 (9)
1. Corporation Name
E. L. MOYSON, INC.

Principal Place of Business
400 NORTH CHURCH STREET
#108
KISSIMMEE FL 34741

Mailing Address
P.O. BOX 420159
KISSIMMEE FL 34742



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1975

4. FEI Number 59-1564165
☒ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 400 North Church St
Suite, Apt. #, etc. 108

22 City & State
KISSIMMEE, FL

23 Zip 34741 Country OSCADA

2a. Mailing Address
26 PO Box 420159
Suite, Apt. #, etc.

27 City & State
KISSIMMEE, FL

28 Zip 34742 Country OSCADA

9. Name and Address of Current Registered Agent
MOYSON, EUGENE L
702 S. DILLINGHAM AVE
KISSIMMEE FL 34741

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME MOYSON, EUGENE L
STREET ADDRESS 702 SOUTH DILLINGHAM AVE
CITY-ST-ZIP KISSIMMEE FL 34741
TITLE ST
NAME MOYSON, MARYLOU
STREET ADDRESS 702 SOUTH DILLINGHAM AVE
CITY-ST-ZIP KISSIMMEE FL 34741
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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. L. Moyson 1/3/98 167/986-13/17

CR2E034 (10/97)