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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90100 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **493404**

1. Corporation Name
MOORE, HILL, WESTMORELAND, HOOK & BOLTON, P.A.

Principal Place of Business NINTH FLOOR - SUN BANK TOWER PO BOX 1792 PENSACOLA FL 32598	Mailing Address NINTH FLOOR - SUN BANK TOWER PO BOX 1792 PENSACOLA FL 32598
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1975

4. FEI Number **59-1640175** 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 the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	24. Mailing Address Suite, Apt. #, etc. 25. City & State 26. Zip Country
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9. Name and Address of Current Registered Agent
WESTMORELAND, J LOFTON
220 W GARDEN ST-SUNTRUST TOWER
220 WEST GARDEN STREET
PENSACOLA FL 32598-8792

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, H EDWARD JR	
STREET ADDRESS	220 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESTMORELAND, J. LOFTON	
STREET ADDRESS	220 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HILL, T. LARRY	
STREET ADDRESS	220 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOLTON, STEPHEN F	
STREET ADDRESS	220 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LANGSTON, YANCY F	
STREET ADDRESS	220 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HOOK, MICHAEL D	
STREET ADDRESS	220 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOORE, H. EDWARD, JR	
1.3 STREET ADDRESS	220 W. GARDEN ST.	
1.4 CITY-ST-ZIP	PENSACOLA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address with all other like empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)