

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 591797 (6)

1. Corporation Name

R.C. MOORE, INC.

Principal Place of Business

Mailing Address

NINE WILDROSE LANE
SCARBOROUGH ME 04074

P.O. BOX 1210
SCARBOROUGH ME 04070
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1978		3a. Date of Last Report 04/25/1995	
21		26		4. FEI Number 01-0278035		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

TAYLOR, L.E.
1029 W. MAGNOLIA ST
LEESBURG, FL FL 32748

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 607.0502 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 then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MOORE, RICHARD C.	1.2 NAME	
STREET ADDRESS	9 WILDROSE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SCARBOROUGH ME	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	MOORE, DIANNE	2.2 NAME	
STREET ADDRESS	9 WILDROSE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SCARBOROUGH ME	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	COHEN, SAMUEL G.	3.2 NAME	
STREET ADDRESS	MAIN ST P.O. BOX 366	3.3 STREET ADDRESS	
CITY - ST - ZIP	WALDOBORO ME	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

(207) 883-5184

CR2E034 (3/96)