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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 591797

(6)

| R.C. MOORE, INC.   |  |   |  |  | 1 3 4 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                      |                                       |   |
|--|--|---|--|--|--|----------------------|---------------------------------------|---|
| Principal Piace of Business  |  | Mailing Address   |  |  |  |                      |                                       |   |
| NINE WILDROSE LANE<br>SCARBROUGH ME 04074  |  | P.O. BOX 1210<br>SCARBOROUGH ME 04070-1210<br>US        |  |  |  |                      |                                       |   |
|  |  |   |  |  | 3. Date Incorporated or Qualified 10/31/1978   | 3a. Date o           |                                       | eport                                       |
| 2. Principal Place of Business   | 28   | a. Mailing Address                                      |  | ···  | 4. FEI Number  |                      |                                       | plied For                                   |
| 1 Suite Aut # ole  | 26   | #   |  |  | 01-0278035   |                      |                                       | t Applicable                                |
| Suite, Apt. #, etc.<br>2   | 27   | Suite, Apt. #, etc.                                     |  |  | 5. Certificate of Status Desired   | □ \$                 | <b>8.75</b> A<br>Fee Re               | Additional                                  |
| City & State   | 21   | City & State  |  |  | 6. Election Campaign Financing   |                      | \$5.00                                | <u> </u>                                    |
| 3  | 28   | ] '   |  |  | Trust Fund Contribution  |                      | Added t                               |   |
| Zip Cou  | ritry  | Zφ  | Count  | ry   | 8. This corporation has liability for  |                      |                                       |   |
| 4 25   | 29   | I   | 30   |  |  | ŻYes □ N             | _                                     |   |
|  | dress of Current Regi  | istered Agent   | 8  | 41 N   | 10. Name and Address of New Re   | gistered Ager        | nt                                    |   |
| TAYLOR, L.E.   | -  |   | 0  | 1 Name   |  |                      |                                       |   |
| 1029 W. MAGNOLIA S'<br>LEESBURG, FL FL 327   |  |   | 8  | 2 Street Add   | dress (P.O. Box Number is Not Acceptab   | ole)                 |                                       |   |
| LEESBURG, FL FL 321  | 40   |   | В  | 3  |  |                      |                                       |   |
|  |  |   |  |  |  |                      |                                       |   |
|  |  |   | 8  | 4 City   |  | FL 85                | Zip (                                 | Code  |
| Pursuant to the provisions of S     office or registered agent, or b   | oth, in the State of Flor  | rida. Such chan <b>ce w</b> a                           | s authorized I   | by the corpora   | ation's board of directors. I hereby accer   | ntithe appointr      | nent as                               | registered                                  |
| agen: i am familiar with, and a<br>BIGNATURE   | oth, in the State of Flor<br>iccept the obligations of<br>arread a galared agent and in  | of, Section 607.0505,                                   | Florida Statut   | es. ;  | ation's board of directors. I hereby acception and the directors of the di | ot the appointm      | nent as                               | registered                                  |
| agent. Fam familiar with, and a SIGNATURE  Signalare, typed or per had r  12.  | epi the poligations (  | or, Section 607.0505, the Payelicable (N                | Florida Statut   | es. ;  |  | DATE                 |                                       |   |
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Secretary of State