

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

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 622477 (8)**  
1. Corporation Name  
**MOORE FURNITURE, INCORPORATED**



Principal Place of Business: **3106 US 41 S (S FLA AVE) INVERNESS FL 34450**  
Mailing Address: **3106 US 41 S (S FLA AVE) INVERNESS FL 34450**

3. Date Incorporated or Qualified: **05/21/1979**  
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1916215		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE, BRUCE E 3106 US 41 S (S FLA AVE) INVERNESS FL 34450				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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, type or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MOORE, BRUCE E 9188 E CORVETTE CT INVERNESS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BRUCE E	1.2 NAME	
STREET ADDRESS	9188 E CORVETTE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	
TITLE	STD MOORE, JAYNE E 9188 E CORVETTE CT INVERNESS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAYNE E	2.2 NAME	
STREET ADDRESS	9188 E CORVETTE CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	
TITLE	VD MOORE, DEAN E 9188 E CORVETTE CT INVERNESS FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DEAN E	3.2 NAME	
STREET ADDRESS	9188 E CORVETTE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	
TITLE	TD HAYNE, CYNTHIA L. (ASST) 9188 E CORVETTE CT INVERNESS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNE, CYNTHIA L. (ASST)	4.2 NAME	
STREET ADDRESS	9188 E CORVETTE CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	4.4 CITY - ST - ZIP	
TITLE	VD MOORE, SCOTT W. 9188 E CORVETTE CT INVERNESS FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT W.	5.2 NAME	
STREET ADDRESS	9188 E CORVETTE CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	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: Jayne E. Moore Jayne E. Moore 02/25/97 352-726-9688  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)