

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 824162 (2)

1. Corporation Name
MOORE GROUP, INC.

95 FEB 27 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1300 PARKWOOD CIRCLE
PO BOX 108091
ATLANTA GA 30346**

Mailing Address

**1300 PARKWOOD CIRCLE
PO BOX 108091
ATLANTA GA 30346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1970

3a. Date of Last Report

04/18/1994

4. FEI Number

58-1080659

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MARVEL, JERRY V
3507 FRONTAGE RD #300
TAMPA FL 33607**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KRAUSE, MICHAEL D.**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

TITLE **AVT**
NAME **BROOKS, J. T**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

TITLE **SDV**
NAME **NEFF, THOMAS S**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

TITLE **DV**
NAME **MULLEN, JOHN W**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

TITLE **V**
NAME **WASHBURN, MAURICE F**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

TITLE **V**
NAME **STONER, DAVID L**
STREET ADDRESS **1300 PARKWOOD CIR**
CITY - ST - ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REMOVE - 12/31/94

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Thomas Brooks, Treasurer, 2/21/95, (404) 951-5599

Moore Group, Inc.
Officers & Directors Listing

P, C-O-B, D

Krause, Michael David
1300 Parkwood Circle,
Atlanta, GA 30339

S-V, D

Mullen, John W.
1300 Parkwood Circle
Atlanta, GA 30339

V, S, D

Neff, Thomas S.
1300 Parkwood Circle
Atlanta, GA 30339

V

Hayes, George H.
1300 Parkwood Circle
Atlanta, GA 30339

A-V

Bonner, Kristin M.
1300 Parkwood Circle
Atlanta, GA 30339

A-V

Donmoyer, Philip C.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-V

Eckman, Lynne F.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-V

Hinkle, Larry W.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-T

Gill, Robert E.
One East Fourth Street
Cincinnati, Ohio 45202

A-V, T

Brooks, J. Thomas
1300 Parkwood Circle
Atlanta, Georgia 30339

S-V

Washburne, Maurice F.
1300 Parkwood Circle
Atlanta, Georgia 30339

V

Jensen, Patricia A.
1300 Parkwood Circle
Atlanta, GA 30339

V

Perry, Linda A.
1300 Parkwood Circle
Atlanta, GA 30339

V

Piper, David B.
1300 Parkwood Circle
Atlanta, Georgia 30339

V

Price, Kenneth N.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-V, A-S

Vessels, Herbert S.
1300 Parkwood Circle
Atlanta, Georgia 30339

Moore Group, Inc.
Officers & Directors List (Continued)

A-V

Ingllett, Terry C.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-V

Spilman, Elizabeth C.
1300 Parkwood Circle
Atlanta, Georgia 30339

A-S

Meyers, Pamela S.
One East Fourth Street
Cincinnati, Ohio 45202

A-T

Amory, Robert F.
One East Fourth Street
Cincinnati, Ohio 45202

S, V

Olson, Robert W.
One East Fourth Street
Cincinnati, Ohio 45202

D

Hahl, Neil M.
One East Fourth Street
Cincinnati, Ohio 45202

A-S, V

Carlson, Robert A.
One East Fourth Street
Cincinnati, Ohio 45202

WINDSOR GROUP

a family of insurance & insurance service companies

February 21, 1995

Division Of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir/Madam:

Please find enclosed our check in the amount of \$200.00 in payment of the 1995 Corporation
Annual Report Filing Fees.

Sincerely,

MOORE GROUP, INC.



J. Thomas Brooks,
Treasurer

2 enclosures

Member Companies of Windsor Group

*American Deposit Insurance Company
Cventry Insurance Company
Regal Insurance Company
Windsor Insurance Company
Moore Group Inc.*