

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831589 (7)

1. Corporation Name

HAROLD W. MOORE & SONS, INC.

Principal Place of Business

608 D.B. TODD BLVD
NASHVILLE TN 37203
US

Mailing Address

PO BOX 23209
NASHVILLE TN 37202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/08/1974** 3a. Date of Last Report **05/26/1994**

4. FEI Number **62-0601281** 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 citizenship for orders of 1000000 Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt # etc

23 City & State

24

2a. Mailing Address

26 State, Apt # etc

28 City & State

29

30

9. Name and Address of Current Registered Agent

**MIDYETTE, P.H. JR.
240 N MAGNOLIA DR
MIDYETTE-MOORE INS AGENCY, INC
TALLAHASSEE FL 32302**

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 of person or persons who have signed and filed this application

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SVT MOORE, HAROLD W III 6101 MARTINGALE LANE BRENTWOOD TN
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P MOORE JR, HAROLD W 6221 VOSSWOOD DR NASHVILLE, TN 00000
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	President, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William A. Aussenbaugh 131 Antioch Pike Nashville, TN 37211
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration is subject to the provisions of the laws of this state which apply to any officer or director of the corporation or the receiver or trustee empowered to maintain this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or 13 or 14 if changed, or on an attachment with an address.

SIGNATURE: *HW Moore III*
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR
Harold W. Moore, III

6-5-95 615/329-2991

CR2E034 (3/95)