

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851707** (0)

1. Corporation Name  
**MOORE-HANDLEY, INC.**



Principal Place of Business: **3140 PELHAM PKWY, PELHAM AL 35124 US**  
Mailing Address: **PO BOX 2607, BIRMINGHAM AL 35202 US**

3. Date Incorporated or Qualified: **01/27/1982** 3a. Date of Last Report: **04/05/1995**  
4. FEI Number: **63-0819773** 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: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 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 607.009, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>RILEY, WILLIAM</b>	1. TITLE: <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>RILEY, WILLIAM</b>	<b>745 FIFTH AVENUE</b>	12. NAME:	
STREET ADDRESS: <b>745 FIFTH AVENUE</b>	<b>NEW YORK NY</b>	13. STREET ADDRESS:	
CITY, ST, ZIP: <b>NEW YORK NY</b>		14. CITY, ST, ZIP:	
TITLE: <b>P</b>	<b>MARKS, PIERCE E., JR</b>	2. TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MARKS, PIERCE E., JR</b>	<b>133 PEACHTREE ST.</b>	22. NAME:	
STREET ADDRESS: <b>133 PEACHTREE ST.</b>	<b>ATLANTA GA</b>	23. STREET ADDRESS:	
CITY, ST, ZIP: <b>ATLANTA GA</b>		24. CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>STUBBS, MICHAEL B</b>	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>STUBBS, MICHAEL B</b>	<b>345 PARK AVE</b>	32. NAME:	
STREET ADDRESS: <b>345 PARK AVE</b>	<b>NEW YORK NY</b>	33. STREET ADDRESS:	
CITY, ST, ZIP: <b>NEW YORK NY</b>		34. CITY, ST, ZIP:	
TITLE: <b>ST</b>	<b>EDWARDS, L WARD</b>	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>EDWARDS, L WARD</b>	<b>133 PEACHTREE ST.</b>	42. NAME:	
STREET ADDRESS: <b>133 PEACHTREE ST.</b>	<b>ATLANTA GA</b>	43. STREET ADDRESS:	
CITY, ST, ZIP: <b>ATLANTA GA</b>		44. CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>JUVONEN, RONALD J.</b>	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JUVONEN, RONALD J.</b>	<b>920 E BALTIMORE PIKE</b>	52. NAME:	
STREET ADDRESS: <b>920 E BALTIMORE PIKE</b>	<b>KENNETT SQUARE PA</b>	53. STREET ADDRESS:	
CITY, ST, ZIP:		54. CITY, ST, ZIP:	
TITLE:		6. TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY, ST, ZIP:		64. CITY, ST, ZIP:	

**P**  
**Emery H. White**  
**P. O. Box 2607**  
**Birmingham, AL 35202**

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 199.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 404 577-5530  
Date Daytime Phone

CR2E034 (12/95)