

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

54125
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 17 PM 3:49

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000126

MOORE SALES AND SERVICE, LTD.



Mailing Address

**4025 N. MAIN STREET
GAINESVILLE FL 32609-1498**

Principal Office Address

**1 S.E. 1ST AVENUE
GAINESVILLE FL 32601**

3. Date Formed or Registered

01/15/1997

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$900,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

900,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3418468

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

4025 N. Main Street

Suite, Apt. #, etc.

City & State

Gainesville, FL USA

Zip

Country

32609

9. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN M
1 SE 1ST AVENUE
GAINESVILLE FL 32601**

10. If changed, new Registered Agent/Office

Name

Durand, Jonathan B.

Street Address (P.O. Box Number Is Not Acceptable)

4025 N. Main Street

Suite, Apt. #, etc.

City

Gainesville

FL

Zip Code

32609

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

DATE **10/10/97**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MOORE SALES AND SERVICE, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4025 N. MAIN STREET

11b. City, State & Zip Code

GAINESVILLE FL 32609

11c. Registration/
Document Number

P97000000878

**500002327095--7
-10/22/97--01088--003
****550.00 ****550.00**

KWM/cus

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE **10/10/97**

Typed or Printed Name of General Partner Signing Form

Carleton R. Moore

Daytime Telephone Number

352-372-8433

CR2E003 (6/97)