

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90207 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F89906**

1. Corporation Name  
**MOORE ROAD CONTRACTING, INC.**

Principal Place of Business  
C/O LEONARD V. MOORE  
P O BOX 6006  
STARKE FL 32091

Mailing Address  
C/O LEONARD V. MOORE  
P O BOX 6006  
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/06/1982**

4. FEI Number

**59-2216243**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

23

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, LEONARD V.  
950 SOUTHGATE DRIVE  
STARKE FL 32901**

81 Name  
**MOORE, LEONARD V. JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1327 BESSANT RD.**

83

84 City  
**STARKE,**

**FL**

85 Zip Code  
**32091**

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 Leonard V. Moore Jr.  
Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **MOORE, LEONARD V.**  
CITY-ST-ZIP **950 SOUTHGATE DRIVE**  
**STARKE FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P**  
1.3 STREET ADDRESS **MOORE, LEONARD V. JR.**  
1.4 CITY-ST-ZIP **1327 Bessant Rd.**  
**STARKE, FL. 32091**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **MOORE, LEONARD V. JR.**  
CITY-ST-ZIP **1327 BESSANT ROAD**  
**STARKE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **ST**  
2.3 STREET ADDRESS **MOORE, SHIRLEY C.**  
2.4 CITY-ST-ZIP **950 SOUTHGATE DR.**  
**STARKE, FL. 32091**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **MOORE, SHIRLEY C**  
CITY-ST-ZIP **950 SOUTHGATE DR**  
**STARKE FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **V**  
3.3 STREET ADDRESS **MOORE, LEONARD V.**  
3.4 CITY-ST-ZIP **950 SOUTHGATE DR.**  
**STARKE, FL. 32091**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Shirley C. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99  
Date

904-964-4028  
Daytime Phone #

CR2E034 (11/98)