

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003357 (1)**

1. Corporation Name
MOORE SERVICE COMPANIES, INC.

Principal Place of Business Mailing Address
36 EAST BURGESS ROAD PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/22/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2447 EXECUTIVE PLAZA DR** 26 **2447 EXECUTIVE PLAZA DR**
Suits, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE # 3** 27 **SUITE # 3**
City & State City & State
23 **PENSACOLA, FL** 28 **PENSACOLA, FL**
Zip Country Zip Country
24 **32504** 25 **ESCAMBIA** 29 **32504** 30 **ESCAMBIA**

4. FEI Number **63-1022191** 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

9. Name and Address of Current Registered Agent
**MOORE, DONALD M
36 EAST BURGESS ROAD
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
81 Name **Donald M. Moore**
82 Street Address (P.O. Box Number is Not Acceptable) **2447 EXECUTIVE PLAZA DRIVE**
83 **SUITE # 3**
84 City **PENSACOLA** FL 85 Zip Code **32504**

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

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MOORE, DONALD M
STREET ADDRESS	2378 OSPREY DRIVE
CITY ST ZIP	GULF BREEZE FL 32562
TITLE	VCVP
NAME	MOORE, SHARON A
STREET ADDRESS	2378 OSPREY DRIVE
CITY ST ZIP	GULF BREEZE FL 32562
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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 199.032, 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Sharon A. Moore* (Sharon A. Moore) 2/20/95 479 4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR