

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000005004**

1. Corporation Name

Moree's PPM, Inc.

Principal Place of Business

Mailing Address

FILED
96 JUN 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001870893
-06/21/96--01027--002
****233.75 ****233.75

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. BOX 118**

27 **P.O. BOX 118**

City & State

City & State

23 **Society Hill, SC**

28 **Society Hill, SC**

Zip

Country

Zip

Country

24 **29593**

25 **USA**

29 **29593**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3/9/87

3a. Date of Last Report

4. FCI Number

57-0856355

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 ☒

10. Name and Address of New Registered Agent

**C T Corporaton System
1200 South Pine Island Road
Plantation, FL 33324**

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, typed or printed name of registered agent in the space provided

(NOTE: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **President**

STREET ADDRESS **Henry B. Moree**

CITY-ST-ZIP **S. Main Street**

NAME **Vice President**

STREET ADDRESS **Bobby Ollis**

CITY-ST-ZIP **S. Main Street**

NAME **CFO**

STREET ADDRESS **Lawrence Ventimiglio**

CITY-ST-ZIP **S. Main Street**

NAME **Secretary**

STREET ADDRESS **Earl Walton**

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