

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005738 (9)**

1. Corporation Name

MOREQUITY OF NEVADA, INC.

Principal Place of Business

**601 N.W. SECOND ST.
EVANSVILLE IN 47708**

Mailing Address

**601 N.W. SECOND ST.
EVANSVILLE IN 47708**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

02/07/1995

4. FEI Number

51-0312284

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. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to change the registered office or agent

Signature of person authorized to change the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

NAME	CCEO	☒ OFFICER
STREET ADDRESS	LEITCH, III D	
CITY, STATE, ZIP	601 NW 2ND ST EVANSVILLE IN	
NAME	T	☐ OFFICER
STREET ADDRESS	BINYON, BRYAN A	
CITY, STATE, ZIP	601 NW 2ND ST EVANSVILLE IN	
NAME	V	☐ OFFICER
STREET ADDRESS	KLAHOLZ, LARRY R	
CITY, STATE, ZIP	601 NW 2ND ST EVANSVILLE IN	
NAME	V	☐ OFFICER
STREET ADDRESS	BAKER, WAYNE D	
CITY, STATE, ZIP	601 NW 2ND ST EVANSVILLE IN	
NAME	V	☐ OFFICER
STREET ADDRESS	JERWERS, JAMES R	
CITY, STATE, ZIP	5250 S VIRGINIA ST, STE 320 RENO NV	
NAME	P	☒ OFFICER
STREET ADDRESS	WOMACK, ROBERT D	
CITY, STATE, ZIP	601 NW 2ND ST EVANSVILLE IN	

13.

NAME	Chairman, President & CEO/Director	☒ Change ☒ Addition
STREET ADDRESS	Frederick W. Geissinger	
CITY, STATE, ZIP	601 N.W. 2nd Street Evansville, IN 47708	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(g), 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, or authorized agent, and that I am duly qualified 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 affidavit filed with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

812-468-5655

CR2E034 (12/95)