

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90008 026 ***150.00

0568817

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000006486

1. Corporation Name
MOORE HOLDING CORP. OF DELAWARE

| | |
|---|---|
| Principal Place of Business 2751 WEST OLD HIGHWAY 441 MT. DORA FL 32757 | Mailing Address 2751 WEST OLD HIGHWAY 441 MT. DORA FL 32757 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/19/1994 | | 4. FEI Number 51-0357874 | | Applied For No Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. Additional Fee Required \$8.75 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent DOWD, STEVE 30 SKYLINE DR. LAKE MARY FL 32746 | | | | 10. Name and Address of New Registered Agent 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE CPT <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME MOORE, FRANK R | | | | 1.2 NAME | | | |
| STREET ADDRESS RD 4 BOX 139 | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP DOVER DE 19901 | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE VS <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME MOORE, PAUL T | | | | 2.2 NAME | | | |
| STREET ADDRESS RD 4 BOX 139 | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP DOVER DE 19901 | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 119.073(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: Frank R. Moore 4/26/99 392-674-0365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)