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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

PO BOX 12591 (32574)

PENSACOLA FL 32505

Suite, Apt. #, etc.

City & State

3838 N PALAFOX

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G17262

(8)

MO' MONEY ASSOCIATES, INC.

Mailing Address

3838 N PALAFOX

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

PO BOX 12591 (32574)

PENSACOLA FL 32505

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1982

59-2242777

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23			28					Trust	t Fund C	ontributio	on L		Added	to Fees	
Zip	Col	untry	Zíp		Country	,		8. This	corpora	tion owes	or has paid	the curre	ent year Int	tangible	
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes						Yes [JNo		
		10. Name and Address of New Registered Agent													
MOWE, WAYNE T						Name									
3838 N PALAFOX						Street	Addros	10 /D O D	ov Mr mok	or in Not	Acceptable)				
PENSACOLA FL 32505						Sueer	Muules	S (F.O. D	OX MUSTIL	Jei is Not	Acceptable)	,			
					83										
					84	City						FL	85 Zip	Code	
	to the provisions of \$														
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 regulated when reinstating) DATE															
12.	OFFICERS AND DIRECTORS						- squadu	ADDITIONS/CHANGES TO OFFICERS					· · · · · · · · · · · · · · · · · · ·		
TITLE	PD			DELETE	1.1 TITLE								Change	☐ Addition	
NAME	MOWE, WAYNE	T.		_	1.2 NAME							_	_ *	_	
STREET ADDRESS	3835 SCENIC I	I WY			1.3 STREET	ADDRESS	12,	07 8	21116	For	Place			. }	
CITY-ST-ZIP	PENSACOLA F				1.4 CITY-S		1 1	nsaec		Ei	32514				
TITLE	DP			DELETE	2.1 TITLE	1.51	1	i isaaa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22219	Г	Change	Addition	
NAME	MOWE, CLIFFO	RD B	_		2.2 NAME		İ					_			
STREET ADDRESS	330 FT PICKEN				2.3 STREET	ADDRESS	85	60 s	Cente	Hav	. 7			}	
CiTY-ST-ZiP	PENSACOLA B				2.4 CITY - S		20	60 S		_ 1.00 E1) 32514			1	
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STREET ADDRESS					5.3 STREET	ADDRESS									
CITY-ST-ZIP					5.4 CITY-S	T-71P	{							1	
TITLE				DELETE	6.1 TITLE			••					Change	Addition	
NAME					6.2 NAME							_	•		
STREET ADDRESS					6,3 STREET	ADDRESS								İ	
CITY-ST-ZIP					6.4 CITY-S										
14. I hereby co	ertify that the inform	ation supplied with	this filing does	not qualify for t	he exempt	tion state	d in Se	ction 119	.07(3)(i),	Florida S	Statutes, I furl	ther cert	ify that the	information	
indicated of	on this annual report	or supplemental a	nnual report is	true and accura	ate and the	at my sig	nature	shall have	the san	ne legal e	effect as if ma	ede unde	er oath; tha	it I am an	

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable