

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

APPROVED  
AND  
FILED

1977 APR 30 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION •  
ANNUAL REPORT  
1997



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

DOCUMENT # G30035

(1)

1. Corporation Name

FORT KNOX PUBLIC VAULT, INC.

Principal Place of Business

1406-G CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308

Mailing Address

1406-G CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308-6259

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1406K Capital Circle, NE

27 Suite, Apt. #, etc.

28 City & State

29 TALLAHASSEE, FL

30 Zip

31 32308-6280

32 Country

33 USA

3. Date Incorporated or Qualified

03/23/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2823647

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, DEVOE L.  
1406-K CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308-6280

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

32308-6280

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

TITLE ☐ DELETE

NAME  
PD  
MOORE, DEVOE L.  
STREET ADDRESS  
4352 MAYLOR RD  
CITY-STATE-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
SD  
MOORE, SHIRLEY M.  
STREET ADDRESS  
4352 MAYLOR RD  
CITY-STATE-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

400002164654--8  
-05/02/97--01142--014  
\*\*\*\*165.00 \*\*\*\*165.00

SCC 4-30-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Date Daytime Phone #

0047701

CR2E034 (9/96)