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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** G31333

(9)

THE MICHAEL MOODY COMPANY, INC.

Mailing Address Principa! Place of Business 13846 ATLANTICK BLVD PO BOX 10095 JACKSONVILLE FL 32225 JACKSONVILLE FL 32247-0095 3a. Date of Last Report 3. Date incorporated or Qualified 03/31/1983 03/11/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2285824 Not Applicable 26 Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip 8. This corporation has liability for intangible tax under s. 199.032, Country Country Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOODY, RICHARD M. ---- 6757-POTTSBURG DR: Street Address (P.O. Box Number is Not Agceptable) 82 JACKSONVILLE FL 32217 83 84 Zip Code **32802** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Segrative hypercompanied name of regulation agests and title if applicable. (NOTE Flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DP Change Addition TETLE DELETE 1 1 TITLE MOODY, RICHARD M 1.2 NAME NAME 256 DEER HAVEN DRIVE 6757-POTTSBURG DR 1.3 STREET ADDRESS STREET ADDRESS Ponte YELAA BEACH FI 3 32802 ~JACKSONVILLE, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE MOODY, HELEN C. 2.2 NAME NAME 256 DEER HAVEN DAINE PONTE VEDRA BEACH -6757-POTTSBURG DR. 2.3 STREET ADDRESS STREET ADDRESS "JACKSONVILLE-FL-2.4 CITY-ST-ZIP CITY - \$1 - 21P DELETE 3.1 TITLE TIT, F MOODY, JOHN C. 32 NAME NAME 14840 PLUMOSA DRIVE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32250 34. CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 4 1 TITLE TITLE MOODY, R M JR NAME 4. 2 NAME 8351 NEWTON RD. 4.3 STREET ADDRESS STREET ACCRESS JACKSONVILLE FL 32216 4 4 CiTY-ST-ZIP CITY-ST-ZP ☐ DELETE Change Addition 51 TITLE THILE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 011Y-S1-7/P 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE 11111 NAME 6.2 NAME

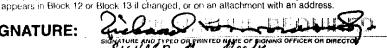
6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. If 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 arroual 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

STREET ADDRESS

City-S1-7-P



(96/6) (96/6)

FILED

Feb 18 1997 8:00am

Secretary of State