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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G31333 (9)

1. Corporation Name
THE MICHAEL MOODY COMPANY, INC.

Principal Place of Business
13846 ATLANTICK BLVD
JACKSONVILLE FL 32225
US

Mailing Address
PO BOX 10095
JACKSONVILLE FL 32247-0095
US



3. Date Incorporated or Qualified 03/31/1983 3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2285824 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MOODY, RICHARD M.
~~6757 POTTSBURG DR.~~
~~JACKSONVILLE FL 32217~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
256 DEER HAVEN DRIVE
83
84 City PONTE VEDRA BEACH FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature of 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	DP	1.1 TITLE	Change Addition
NAME	MOODY, RICHARD M	1.2 NAME	
STREET ADDRESS	6757 POTTSBURG DR.	1.3 STREET ADDRESS	256 DEER HAVEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32802
TITLE	D	2.1 TITLE	Change Addition
NAME	MOODY, HELEN C.	2.2 NAME	
STREET ADDRESS	6757 POTTSBURG DR.	2.3 STREET ADDRESS	256 DEER HAVEN DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32802
TITLE	VP	3.1 TITLE	Change Addition
NAME	MOODY, JOHN C.	3.2 NAME	
STREET ADDRESS	14840 PLUMOSA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	Change Addition
NAME	MOODY, R M JR	4.2 NAME	
STREET ADDRESS	8351 NEWTON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Richard M. Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 904-739-2296
Date Daytime Phone

CR2E034 (9/96)