


OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90012 005 ***550.00

DOCUMENT # **G31333**
Corporation Name
THE MICHAEL MOODY COMPANY, INC.

Principal Place of Business
6 ATLANTICK BLVD
SONVILLE FL 32225

Mailing Address
PO BOX 10095
JACKSONVILLE FL 32247-095
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1983

4. FEI Number
59-2285824

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**MOODY RICHARD M
256 DEER HAVEN DR
PONTE VEDRA BCH FL 32802**

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

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.

NATURE *[Signature]* *[Signature]* **July 6, 1999**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP MOODY, RICHARD M 256 DEER HAVEN DR PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		1.2 NAME	
ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
D MOODY, HELEN C. 256 DEER HAVEN DR PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		2.2 NAME	
ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
VP MOODY, JOHN C. 14840 PLUMOSA DRIVE JACKSONVILLE FL 32250	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
VP MOODY, R M JR 8351 NEWTON RD. JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
VP MOODY, JASON S. 256 DEER HAVEN DR PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		5.2 NAME	
ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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.

GNATURE: *[Signature]* **July 6, 1999**

CR2E034 (5/99)