SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

GRADY MOORE REAL ESTATE, INC.

## **FILED** Jul 09 1998 8:00am Secretary of State

| Principal Place   | e of Business                             | Mailing Address                        |   |   | HERIT BIRNE BIRNE BIRNE BIRNE BIRNE 1881 1881 |
|---|---|--|---|---|---|
| 316 W. GREEN ST   |   | 316 W. GREEN ST                        |   |   |   |
| PERRY FL 32347  |   | PERRY FL 32347                         |   |   |   |
| us us   |   | U\$                                    |   | DO NOT WRITE IN THIS SPACE                        |   |
|   |   |  |   | 3. Date Incorporated or Qualified                 |   |
| 9 Principal P   | loce of Pusience                          | 2a Mailine Address                     |   | 07/18/1983<br>4. FEI Number                       | A - Had P                                     |
| 2. Principal Place of Business 21   |   | 2a. Mailing Address                    |   | 59-2354669  | Applied For Not Applicable                    |
| Sulte, Apt. #, etc.   |   | Suite, Apt. #, etc.                    |   | F   | \$8.75 Additional                             |
| 22  |   | 27                                     |   | 5. Certificate of Status Desired                  | Fee Required                                  |
| City & State  |   | City & State                           |   | 6. Election Campaign Financing                    | \$5.00 May Be                                 |
| 23  |   | 28                                     |   | Trust Fund Contribution Added to Fees             |   |
| Zip   | Country                                   | Zip                                    | Country   | 8. This corporation owes or has paid the          | cu <u>rre</u> nt year I <u>nta</u> ngible     |
| 24  | 25  |  | 30  | Personal Property Tax due June 30.                | Yes No  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  |   |  |   |   |   |
| MOORE, GRADY, JR.   |   |  | 81 Name   |   | J   |
| 214 N. OALHOUN ST   |   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |   |
| PERRY FL 32347  |   |  | <u> </u>  | West Corner St.                                   | .,  |
|   |   |  | 183 Per   | K-p   | Ì   |
|   |   |  | 84 City   | <del></del>                                       | 85 Zip Code                                   |
|   |   |  |   |   | FL 👸ຊຶ່ງ 🥞 🥱 🧸 7                              |
| 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 reinstaling)  DATE   |   |  |   |   |   |
| 12.   | + <del></del>                             | IND DIRECTORS                          | 13.   | ADDITIONS/CHANGES TO OFFICER                      |   |
| TITLE   | PD  | DELETE                                 | 1.1 TITLE   | 7,0011011070111101101101110111                    | Change Addition                               |
| NAME  | MOORE, GRADY, JR.                         | Deterie                                | 1.2 NAME  |   | Change Addition                               |
| STREET ADDRESS  | 316 W. GREEN ST                           |  | 1.3 STREET ADDRESS                                    |   |   |
| CITY-ST-ZIP   | PERRY FL                                  |  | 1.4 CITY-ST-ZIP                                       |   |   |
| TITLE   | STD                                       | DELETE                                 | 2 1 TITLE   |   | Change Addition                               |
| NAME  | MQORE, ANN G.                             |  | 2.2 NAME  |   | _ , _   |
| STREET ADDRESS  | 316 W. GREEN ST                           |  | 2 3 STREET ADDRESS                                    |   |   |
| CITY-ST-ZIP   | PERRY FL                                  |  | 2.4 CITY-ST-ZIP                                       |   |   |
| TITLE   |   | DELETE                                 | 3.1 TITLE   |   | Change Addition                               |
| NAME  |   |  | 3.2 NAME  |   |   |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS                                    |   |   |
| CITY-ST-ZIP   | <del> </del>                              |  | 3.4 CITY-ST-ZIP                                       |   |   |
| TITLE   |   | DELETE                                 | 4.1 TITLE   |   | Change Addition                               |
| NAME  |   |  | 4.2 NAME  |   |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS                                    |   |   |
| CITY-ST-ZIP   | - <del> </del>                            |  | 4.4 CITY-ST-ZIP                                       |   | <del> </del>                                  |
| TITLE   |   | L_] DELETE                             | 5.1 TITLE   |   | Change Addition                               |
| NAME  | 1   |  | 5.2 NAME  |   |   |
| STREET ADDRESS  | 4   |  | 5.3 STREET ADDRESS                                    |   |   |
| CITY-ST-ZIP   | <del>- 4</del>                            |  | 5.4 CITY-ST-ZIP                                       |   |   |
| TITLE   |   | ☐ DELETE                               | 6.1 TITLE   |   | Change Addition                               |
| NAME  |   |  | 6.2 NAME  |   |   |
| STREET ADDRESS  | i   |  | 6.3 STREET ADDRESS                                    |   |   |
| 14. I hereby ce   | artify that the information supplied with | th this filing does not qualify for th | 6.4 CITY-ST-ZIP                                       | tion 119.07(3)(i). Florida Statutes. I further ce | tify 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.