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Jan 22 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 # G59901 (0)

1. Corporation Name  
MOORE RENTAL AND LEASING, INC.



Principal Place of Business  
C/O RONALD R. MOORE  
US HWY 27 NORTH, P. O. BOX 1566  
HAINES CITY FL 33845

Mailing Address  
C/O RONALD R. MOORE  
P.O. BOX 1566  
HAINES CITY FL 33845-1566  
US

3. Date Incorporated or Qualified  
09/19/1983

3a. Date of Last Report  
01/23/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3030 Hwy 27 N	26	59-2323735	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 DAVENPORT FL	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33837	25 USA		
	29		
	30		

9. Name and Address of Current Registered Agent

MOORE, RONALD R.  
US HWY 27 NORTH  
P. O. BOX 1566  
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	33845
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, RONALD R.			1.2 NAME			
STREET ADDRESS	US HWY 27 NORTH			1.3 STREET ADDRESS			
CITY - ST - ZIP	HAINES CITY FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, MICHAEL N.			2.2 NAME			
STREET ADDRESS	US HWY 27 NORTH			2.3 STREET ADDRESS			
CITY - ST - ZIP	HAINES CITY FL			2.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, MARY LOU (ASST)			3.2 NAME			
STREET ADDRESS	US HWY 27 NORTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	HAINES CITY FL			3.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, MARY LOU			4.2 NAME			
STREET ADDRESS	US HWY 27 NORTH			4.3 STREET ADDRESS			
CITY - ST - ZIP	HAINES CITY, FL 00000			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Mary Lou Moore* MARY LOU MOORE 1-14-97 941-424-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0394252

CR2E034 (9/96)