

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G89507 (9)

1. Corporation Name

MOORE & FREDERICKSON, P. A.



Principal Place of Business 800 N. 12TH AVE. PENSACOLA FL 32501	Mailing Address 800 N. 12TH AVE. PENSACOLA FL 32501
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1984	3a. Date of Last Report 04/27/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2373819	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREDERICKSON, ROSEMARY K. 800 N. 12TH AVE. PENSACOLA FL 32501				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

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 signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS	STD MOORE, ANNISE W.		1.2 NAME		
CITY-ST-ZIP	762 CONNELL DRIVE PENSACOLA FL		1.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
STREET ADDRESS	PD FREDERICKSON, ROSEMARY K		2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
CITY-ST-ZIP	1959 FOULIS DRIVE PENSACOLA FL		2.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP			3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
CITY-ST-ZIP			5.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Annise H. Moore 4-26-96 904-438-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)