## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

JO MOORE REALTY, INC.

## **FILED** Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	HOM DIGHT HOUT	
3751 SAN JOSE PL #14-E 3751 SAN JOSE PLACE #14-E		
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257		
US DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified		
05/20/1985		
	pplied For	
	Not Applicable Additional	
5. Certificate of Status Desired Li Foo B	Regulred	
22	May Be	
	to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current year In	ntangible	
[24]	□ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
MOORE, IRIS JO		
3751 SAN JOSE PLACE, #14-E 82 Street Address (P.O. Box Number is Not Acceptable)	Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32257		
83		
84 City FL 85 Zip	Code	
	its registered	
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		
Signeture, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	IRS IN 12	
Change	☐ Addition	
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IACVCOANGLE EL 20057		
CITY-ST-ZIP JACKSONVILLE PL 3223/ 1.4 CITY-ST-ZIP  TITLE DELETE 2.1 TITLE Change	☐ Addition	
NAME 2.2 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP 2. 4 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE Change	Addition	
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NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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	e 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 eath; that I am all officer or director of the corporation or the receiver or trustee empowered to execute this report as reported 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.