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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # H65820 (3)

**1. Corporation Name
MOSIER, MOSIER, AND MOSIER, INC.**

**Principal Place of Business Mailing Address
161 WYNNEHAVEN RD. 161 WYNNEHAVEN RD.
MARY ESTHER FL 32569 MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1985 3a. Date of Last Report 04/27/1994

4. FEI Number 59-2580984 Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 111 Wynnehaven Rd 26 111 Wynnehaven Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
 City & State City & State
23 Mary Esther, FL 28 Mary Esther, FL
 Zip Country Zip Country
24 32569 25 Okaloosa 29 32569 30 Okaloosa

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MOSIER, HERBERT A.
161 WYNNEHAVEN RD.
MARY ESTHER FL 32569**

81 Name MOSIER, HERBERT A. (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 111 WYNNEHAVEN RD (Street # Changed)
83
84 City MARY ESTHER FL 85 Zip Code 32569

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 officer 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 after meeting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P (SAME) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLER, HERBERT A.	2. NAME	MOSIER, HERBERT A. (Correct spelling on
STREET ADDRESS	161 WYNNE HAVEN RD.	3. STREET ADDRESS	111 WYNNEHAVEN RD. (Street # Changed)
CITY-ST-ZIP	MARY ESTHER FL	4. CITY-ST-ZIP	MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	21. TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSIER, RONALD A.	22. NAME	MOSIER, RONALD A.
STREET ADDRESS	161 WYNNE HAVEN ROAD	23. STREET ADDRESS	111 WYNNEHAVEN RD. (Street # changed)
CITY-ST-ZIP	MARY ESTHER FL	24. CITY-ST-ZIP	MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	31. TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSIER, MARIANNE	32. NAME	MOSIER, MARIANNE
STREET ADDRESS	161 WYNNE HAVEN ROAD	33. STREET ADDRESS	111 WYNNEHAVEN RD. (Street # changed)
CITY-ST-ZIP	MARY ESTHER FL	34. CITY-ST-ZIP	MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 110 (07.000), 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: *Herbert A. Mosier* Herbert A. Mosier, President 4/24/1995 904-581-3000