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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR 21 PM 3:26

DOCUMENT # H92451

(4)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name

G. MOORE ENTERPRISES, INC.

Principal Place of Business

**6200 9TH ST NO
ST. PETERSBURG FL 33702
US**

Mailing Address

**6200 9TH ST NO
ST. PETERSBURG FL 33702
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1986

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2618299

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, LANCE
SUITE 1408 PLAZA TOWER
111 2ND AVENUE NORTHEAST
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MOORE, GARY R.
STREET ADDRESS	11375-60TH ST.,N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	STD
NAME	MOORE, NANCY JO
STREET ADDRESS	11375-60TH ST.,N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	VPD
NAME	MOORE, JEFFREY D.
STREET ADDRESS	11375-60TH ST N
CITY-ST-ZIP	PINELLAS PK FL
TITLE	VPD
NAME	MOORE, STEVE B
STREET ADDRESS	11375 80 ST N
CITY-ST-ZIP	PINELLAS PK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(d), 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:

Gary R. Moore President
GARY R. Moore

3-15-95

Date

Daytime Phone

813-522-7729

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