

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H95361** (2)

1. Corporation Name
MOODY ASSOCIATES, INC.



Principal Place of Business 866 MOODY ROAD N FT MYERS FL 33903 US	Mailing Address P.O. BOX 2070 FT. MYERS FL 33902-2070
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2. Principal Place of Business 21 County Road 26 Suite, Apt. # etc.		2a. Mailing Address 26 P. O. Box 606 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/17/1986	3a. Date of Last Report 05/01/1996
22 City & State 23 Ellaville, GA Zip Country		27 City & State 28 Ellaville, GA Zip Country		4. FEI Number 59-2626169	Applied For Not Applicable
24 31806-0606 25 Schley		29 31806-0606 30 Schley		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADAMS, LINDA M 868 MOODY ROAD N FT MYERS FL 33903				10. Name and Address of New Registered Agent	
				81 Name Carolyn M. Shafer	
				82 Street Address (P.O. Box Number is Not Acceptable) 4440 Pine Island Road	
				83 Matlacha, FL 33993	
				84 City Matlacha	85 Zip Code FL 33993

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 *Carolyn M. Shafer* **SECRETARY** **TREASURER CAROLYN M. SHAFER** **APRIL 10, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input type="checkbox"/> DELETE		1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFER, CAROLYN M			1.2 NAME	Shafer, Carolyn M.	address only	
STREET ADDRESS	1625 SKYLINE DRIVE			1.3 STREET ADDRESS	4440 Pine Island Road		
CITY-ST-ZIP	N FT MYERS FL			1.4 CITY-ST-ZIP	Matlacha, FL 33993		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHTELLE, LEE			2.2 NAME	Kahtello, Lee	address only	
STREET ADDRESS	866 MOODY ROAD			2.3 STREET ADDRESS	6980 County Rd. 78 West		
CITY-ST-ZIP	N FT MYERS FL			2.4 CITY-ST-ZIP	Alva, FL 33920		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, LINDA M			3.2 NAME	Adams, Linda M.	address only	
STREET ADDRESS	868 MOODY ROAD			3.3 STREET ADDRESS	P. O. Box 606 N/A		
CITY-ST-ZIP	N FT MYERS FL			3.4 CITY-ST-ZIP	Ellaville, GA 31806-0606		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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, unchanged, or on an attachment with an address.

SIGNATURE: *Linda M. Adams* **Linda M. Adams** **April 10, 1997** **912-937-5708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)