

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # J24888

(6)

95 MAY -1 AM 10:33

1. Corporation Name

JACK MOORE REALTY, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6237 PRESIDENTIAL CT
#115
FT. MYERS FL 33919
US**

Mailing Address

**C/O JACK MOORE
PO BOX 2312
FORT MYERS FL 33902
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1986

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2701950

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 21522 INDIAN BAYOU DR

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT MYERS BEACH, FL

City & State

28

Zip

Country

Zip

Country

24 33931

25

USA

29

30

9. Name and Address of Current Registered Agent

**MOORE, JACK
6237 PRESIDENTIAL CT
STE 115
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

01 Name

MOORE, JACK

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

21522 INDIAN BAYOU DR.

03

04 City

FT MYERS BEACH

FL

05

Zip Code

33931

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

JACK MOORE

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

(NOTE: Registered Agent signature required when re-registering)

4/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, JACK
STREET ADDRESS	21522 INDIAN BAYOU DR
CITY - ST - ZIP	FT. MYERS BEACH FL
TITLE	SD
NAME	O'REILLY, VIRGINIA
STREET ADDRESS	21522 INDIAN BAYOU DR
CITY - ST - ZIP	FT. MYERS BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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(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:

JACK MOORE
JACK MOORE

Signature and typed or printed name of signing officer or director

4/28/95

DATE

813 466 4892

Telephone Number