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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J59263 (0)  
1. Corporation Name  
MOOREHAVEN INSURANCE INCORPORATED



Principal Place of Business Mailing Address  
HWY 27 & 6TH ST P.O. BOX 95  
MOORE HAVEN FL 33471 MOORE HAVEN FL 33471-0095

3. Date Incorporated or Qualified 02/24/1987 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2780488 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
HOOKER, JEFFREY A.  
1633 W CANAL ST NORTH  
MOORE HAVEN FL 33471  
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 reinstating) DATE  
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE P HOOKER, JEFFREY A. ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME HOOKER, JEFFREY A. 1.2 NAME  
STREET ADDRESS 1633 W CANAL ST N 1.3 STREET ADDRESS  
CITY-ST-ZIP MOORE HAVEN FL 1.4 CITY-ST-ZIP  
TITLE VP ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME HAYES, OLGA 2.2 NAME  
STREET ADDRESS 224 NW AVE I 2.3 STREET ADDRESS  
CITY-ST-ZIP BELLE GLADE FL 2.4 CITY-ST-ZIP  
TITLE ST ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME HOOKER, ELOISE Y. 3.2 NAME  
STREET ADDRESS 1708 NW AVE L 3.3 STREET ADDRESS  
CITY-ST-ZIP BELLE GLADE FL 3.4 CITY-ST-ZIP  
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 4.4 CITY-ST-ZIP  
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)