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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K69607** **(5)**

1. Corporation Name
MOORE INSURANCE, INC.

Principal Place of Business	Mailing Address
5757 LAKE WORTH ROAD PO BOX 9500 GREENACRES FL 33466-6500	5757 LAKE WORTH ROAD PO BOX 9500 GREENACRES FL 33466-6500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 02/02/1994

	2. Principal Place of Business	2a. Mailing Address
21/26	6295 Lake Worth Road	6295 Lake Worth Road
22/27	Suite 12	Suite 12
23/28	Lake Worth, FL	Lake Worth, FL
24/29 Zip	33463	33463
25/30 County	Palm Beach	Palm Beach

4. FEI Number: 65-0100019 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, STEPHEN C
6295 LAKE WORTH RD
SUITE 12
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Moore, William J.
82 Street Address (P.O. Box Number is Not Acceptable): 6295 Lake Worth Road
83: Suite 12
84 City: Lake Worth **FL** 85 Zip Code: 33463

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: William J. Moore 4/13/95
(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	C	11 TITLE	PT	☒ Change ☐ Addition
NAME	MOORE, STEPHEN C	12 NAME	Moore, William J.	
STREET ADDRESS	5757 LAKE WORTH RD	13 STREET ADDRESS	6295 Lake Worth Road, Suite 12	
CITY ST ZIP	GREENACRES FL Delete	14 CITY ST ZIP	Lake Worth, FL 33463	
TITLE	PT	21 TITLE	VP	☒ Change ☐ Addition
NAME	MOORE, WILLIAM J	22 NAME	Moore, Donna M.	
STREET ADDRESS	5757 LAKE WORTH RD	23 STREET ADDRESS	6295 Lake Worth Road, Suite 12	
CITY ST ZIP	GREENACRES FL	24 CITY ST ZIP	Lake Worth, FL 33463	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MOORE, DONNA M	32 NAME		
STREET ADDRESS	5757 LAKE WORTH RD	33 STREET ADDRESS		
CITY ST ZIP	GREENACRES FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 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: William J. Moore 4/19/95 (407) 966-5821
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0203595 CP