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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L

L84482

(3)

DEPUY - MOORE & ASSOCIATES, INC.

FILED Mar 17 1998 8:00am Secretary of State



				<u> </u>	
Principal Place	e of Business	Mailing Address			ber difit tratt finer finer inge
7320 SW 22ND PLACE 7320 SW 22ND PLACE					
GATNESVILLE FL 62007		GAINESVILLE PL-32007 		DO NOT WRITE IN THIS SPACE	
-00		700		3. Date Incorporated or Qualified	
				07/02/1990	
Principal P	ace of Business	(A) Mailing Address		4. FEI Number	Applied For
21 370	1.5E 35th Ct.	28 303 SE 17	£ 5+.	59-3019582	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 309-22	5	gr continuate or ottate position	Fee Required
City & State	-1 71	City & State) <u>J</u>	6. Election Campaign Financing	\$5.00 May Be
23 000	a_{19}, T_{1}	28 Wala, +	7	Trust Fund Contribution	Added to Fees
Zip 7146	Country	Zip 29 344-71 3	Country 0 VSA	This corporation owes or has paid the corporation of Personal Property Tax due June 30.	urrent year Intangible ☑ Yes ☐ No
24 344	9. Name and Address of Current			10. Name and Address of New Registered	
110	ORE, E. RUSSELL	Trogistorou Agont	81 Name	7 10	
	28 S.W. 42ND AVENU E	•		, Kussell Moore	 .
	HE-15			ress (P.O. Box Number is Not Acceptable)	2.5
	INESVILLE FL 32008		83 31.5	52 11-01. 8901 -	
G/A	INCOVICLE PE 32000				
			84 City Oc.	<i>a la</i> FI	34471
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					
	Signature, typed or printed name of registered ager OFFICERS AND		tegistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	D OFFICENS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AS	Change Addition
NAME	LICARE E BUARELL		1.2 NAME		
STREET ADDRESS	A490 S.W. 49ND AVE. 41E.	303 SE 17th 5th	1.3 STREET ADDRESS		
CITY-ST-ZIP	MOURE, E. HUSSELL 9436 S.W. 42ND AVE., #16- GAINESVILLE FL	Ocalo 7/ 34471	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME		_	22 NAME	•	1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		☐ DELET E	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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 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 affairment with an address.

5 /1/ Will Man F Russell Money 2-11-98 1252/424-9435