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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L93863** **(3)**

1. Corporation Name

MOORE'S PRECISION COLLISION INC.

Principal Place of Business	Mailing Address
2716 NORTH FORSYTH ROAD SUITE 106 WINTER PARK FL 32792	2716 NORTH FORSYTH ROAD SUITE 106 WINTER PARK FL 32792

3. Date Incorporated or Qualified: **08/14/1990**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21 420 N. Kirkman Rd.	26 420 N. Kirkman Rd.
22 Suite, Apt. #, etc: N/A	27 Suite, Apt. #, etc: N/A
23 City & State: Orlando, FL	28 City & State: Orlando, FL
24 Zip: 32811 25 Country: Orange	29 Zip: 32811 30 Country: Orange

4. FEI Number: **59-3031691** ☐ 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

9. Name and Address of Current Registered Agent

MOORE, THOMAS G III
2716 N FORSYTH RD, SUITE 106
2212 SYLVAN CT. (KISSIMMEE, FL)
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

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: [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, THOMAS G III		1.2 NAME	
STREET ADDRESS	2212 SYLVAN CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY ST ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRENDA S.		2.2 NAME	
STREET ADDRESS	2212 SYLVAN CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY ST ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, THOMAS G III		3.2 NAME	
STREET ADDRESS	2212 SYLVAN CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE 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
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	

CR2E034 (12/95)

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: Brenda S. Moore V.P. 3-13-96 (407) 294-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #