

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M68809** (6)

1. Corporation Name

R. D. MOODY & ASSOCIATES, INC.

Principal Place of Business

% RONALD D. MOODY
4817 MARKET PLACE
TALLAHASSEE FL 32303

Mailing Address

% RONALD D. MOODY
4817 MARKET PLACE
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified
02/18/1988

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **5380 Capital Circle NW**

26 **5380 Capital Circle NW**

4. FEI Number
59-2871508

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **32303**

25 **USA**

29 **32303**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, RONALD D.
4817 MARKET PLACE
TALLAHASSEE FL 32303

81 Name

Moody, Ronald D.

82

Street Address (P.O. Box Number is Not Acceptable)
5380 Capital Circle NW

83

84

Tallahassee

FL

85

32303

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, 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, Chapter 607, Florida Statutes.

SIGNATURE

Ron D. Moody

President

4/30/96

Signature typed or printed name of registered agent and date

NOTE: Registered Agent signature required before registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MOODY, RONALD D.
4817 MARKET PLACE
TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
same
same
5380 Capital Circle NW
same

☐ DELETE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPS
MARTIN, RON J.
4817 MARKET PLACE
TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
same
same
5380 Capital Circle NW
same

☐ DELETE

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Secretary
Lisa B. Courson
5380 Capital Circle NW
Tallahassee, FL 32303

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(4), 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:

Ron D. Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(904) 562-2135

DATE

Telephone Number

CR2E034 (12/95)