

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M75902 (0)

1. Corporation Name

MOODY MACHINERY CORPORATION



Principal Place of Business

4652 PHILLIPS HWY.  
JACKSONVILLE FL 32207-7266

Mailing Address

4652 PHILLIPS HWY.  
JACKSONVILLE FL 32207-7266

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOODY, M.D., III  
4652 PHILLIPS HWY.  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/08/1988

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2885289

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

10. Name and Address of New Registered Agent

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 that taken with

(Signature, Registered Agent Signature, Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

D

MOODY, M.D., III  
4969 RIVER POINT RD.  
JACKSONVILLE FL

☐ DELETE

CITY-ST-ZIP

TITLE  
NAME

D

MOODY, T.B.  
1305 PONTE VEDRA BLVD  
PONTE VEDRA BCH. FL

☐ DELETE

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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-04/22/96-00000-000  
\*\*\*200.00 01020-001

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)