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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M78506 (6)

1. Corporation Name
MOSS POINT, INC.

Principal Place of Business
770 W GRANADA BLVD
SUITE 120
ORMOND BEACH FL 32174
US

Mailing Address
P.O. BOX 5285
SUITE 120
ORMOND BEACH FL 32175-5285
US



2. Principal Place of Business
21 200 E. Granada Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 2652
Suite, Apt. #, etc.

22 Suite 204
City & State

27
28 Ormond Beach, FL
City & State

23 Ormond Beach, FL
Zip

29 32175
Country

24 32176

25 US

30 32175

US

3. Date Incorporated or Qualified
04/25/1988

3a. Date of Last Report
04/30/1996

4. FEI Number
59-2900128

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

10. Name and Address of New Registered Agent

CLOAR, T. J., III
770 W GRANADA BLVD
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
360 John Anderson Dr.

83

84 City
Ormond Beach,

FL

85 Zip Code
32176

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 fully aware and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE T.J. Cloar, III

4-15-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CLOAR, T. J., III
STREET ADDRESS 12 TIDEWATER DR.
CITY-ST-ZIP ORMOND BCH. FL DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 360 John Anderson Dr.
1.4 CITY-ST-ZIP Ormond Beach, FL 32176 Change Addition

TITLE DS
NAME CLOAR, VIVA
STREET ADDRESS 12 TIDEWATER DR.
CITY-ST-ZIP ORMOND BCH. FL DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 360 John Anderson Dr.
2.4 CITY-ST-ZIP Ormond Beach, FL 32176 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE T.J. Cloar, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97
Date

904 672 5998
Daytime Phone #

CR2E034 (9/96)