

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
19967



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

APPROVED  
AND  
FILED

97 MAY 12 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P04390 (1)

1. Corporation Name

MOORE & MOORE GENERAL CONTRACTORS, INC.

Principal Place of Business

530 SOUTH BROADWAY  
PO BOX 1517  
LAPORTE TX 77572

Mailing Address

530 SOUTH BROADWAY  
PO BOX 1517  
LAPORTE TX 77572  
US

3. Date Incorporated or Qualified  
12/18/1984

3a. Date of Last Report  
02/16/1995

4. FEI Number

74-1591945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

TITLE

VD

☐ DELETE

NAME  
MOORE, BRYAN JR.  
STREET ADDRESS  
530 S. BROADWAY  
CITY - ST - ZIP  
LAPORTE TX

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

STD

☐ DELETE

NAME  
MOORE, DAVID  
STREET ADDRESS  
530 S. BROADWAY  
CITY - ST - ZIP  
LAPORTE TX

2.1 TITLE

100002178831-06

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

-05/14/97--01109--012

\*\*\*\*165.00 \*\*\*\*165.00

TITLE

PD

☐ DELETE

NAME  
MOORE, ANN  
STREET ADDRESS  
530 S. BROADWAY  
CITY - ST - ZIP  
LAPORTE TX

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

☒ DELETE

NAME  
MOORE, ELIZABETH  
STREET ADDRESS  
530 S. BROADWAY  
CITY - ST - ZIP  
LAPORTE TX

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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)(k), 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:

ANN MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Pres.

CR2E034 (12/95)