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 # **P27496** **(9)**

1. Corporation Name

MOORE REALTY GROUP, INC.

Principal Place of Business	Mailing Address
52 NEW ORLEANS RD SUITE 205 HILTON HEAD FL 29928 US	PO BOX 7867 HILTON HEAD FL 29938 US

3. Date Incorporated or Qualified: **12/27/1989**

3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **57-0901863** ☐ 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

MORRISON, DAVID A
4000 NORTH OCEAN DRIVE
STE 102
SINGER ISLAND FL 33404

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 607.1502, 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 — Required When Executed by Commercial Registered Agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	MOORE, JAMES A.		1-2 NAME	
STREET ADDRESS	50 SANDFIDDLER RD		1-3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD SC		1-4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	MOORE, JAMES A.		2-2 NAME	
STREET ADDRESS	50 SANDFIDDLER DR		2-3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD SC		2-4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, GARY S.		3-2 NAME	
STREET ADDRESS	23 B SHELTER COVE LN.		3-3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD SC		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	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/31/96 DATE — 803-842-2200 Daytime Phone #

CR2E034 (12/95)