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Jan 14 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 # P93000006638 (9)

1. Corporation Name

R.F. MOORE & ASSOCIATES, INC.



Principal Place of Business

FOUR SAWGRASS DR. STE. 2000
SUITE 2000 205 Cannon Ct
PONTE VEDRA BEACH FL 32082
US

Mailing Address

205 CANNON CT
PONTE VEDRA BEACH FL 32082-3952
US

2. Principal Place of Business

21 205 Cannon Ct
Suite, Apt. #, etc.

22 City State
Ponte Vedra Bch. FL

23 Zip Country
32082 FL

24 9. Name and Address of Current Registered Agent

MOORE, ROBERT F

FOUR SAWGRASS DR. STE. 2000 205 Cannon
PONTE VEDRA BEACH FL 32082

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27 City & State

28 Zip Country
32082 FL

3. Date Incorporated or Qualified
01/27/1993

3a. Date of Last Report
01/26/1996

4. FEI Number

59-3162852

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

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 607.0503, Florida Statutes.

SIGNATURE

Robert F. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, ROBERT F
STREET ADDRESS FOUR SAWGRASS DR. STE. 2000 205 Cannon
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

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51 TITLE
52 NAME
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54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/96)