FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:59

DOCUMENT # **P93000020533 (4)**

1. Corporation Name
WOOSTER-MOORE CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
P O BOX 15454 WEST PALM BEACH FL 33416	P O BOX 15454 WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business (21): 1547 Fla. Mango Rd. N.
Suite, Apt. #, etc. (22): Build 11 Unit 3
City & State (23): WPB, Fl.
Zip (24): 33409 County (25): PB.

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): County (30):

4. FEI Number: 65-0397418 — 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

MOORE, JAMES B
1547 FLORIDA MANGO ROAD NORTH
BUILDING 12, UNIT 22
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: Moore, James B.
82 Street Address (P.O. Box Number is Not Acceptable): 1547 Fla. Mango Rd. N.
83: Build 11 Unit 3
84 City: WPB FL 85 Zip Code: 33409

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	PRESIDENT TREASURER	☒ Change ☐ Addition
NAME	MOORE, JAMES B	1.2 NAME		
STREET ADDRESS	1547 FLORIDA MANGO RD N BLDG 12, UNIT 22	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP		
TITLE	SVP	2.1 TITLE	SECRETARY V.P.	☒ Change ☐ Addition
NAME	WOOSTER, ROBERT A	2.2 NAME		
STREET ADDRESS	1547 FLORIDA MANGO RD N BLDG 12, UNIT 22	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0293207 CP