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 # **P93000020533 (4)**

1. Corporation Name

WOOSTER-MOORE CONSTRUCTION CORPORATION

Principal Place of Business

1547 FLORIDA MANGO RD.. N.
BLDG 11. UNIT 3
WEST PALM BEACH FL 33409
US

Mailing Address

P O BOX 15454
WEST PALM BEACH FL 33416

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **03/18/1993**

3a. Date of Last Report: **04/13/1995**

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
BLDG 11, UNIT 3
WEST PALM BEACH FL 33409

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 607.1505, 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. Signature required 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 _____

12. OFFICER AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	MOORE, JAMES B	
STREET ADDRESS	1547 FLORIDA MANGO RD N BLDG 12, UNIT 22	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SVP	☐ DELETE
NAME	WOOSTER, ROBERT A	
STREET ADDRESS	1547 FLORIDA MANGO RD N BLDG 12, UNIT 22	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
3808 Embassy Dr.
WPB, Fl. 33401

☒ Change ☐ Addition
15603 84th North Ave
WPB, Fl. 33418

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I 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 added by this report.

SIGNATURE: James B Moore 3-26-96 407-697-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)