

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044879 (3)

1. Corporation Name

FOXMOOR INC.

Principal Place of Business

P O BOX 411 111 E MAIN ST
WAUCHULA FL 33873
US

Mailing Address

P O BOX 411
WAUCHULA FL 33873
US



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

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report
08/03/1995

Applied For

Not Applicable

4. FEI Number
59-3185244

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

**JAMES K. SELLERS,
217 NO. 2ND
WAUCHULA FL 33873**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the officer, if any.

NOTE: Registered Agent signature required when registering

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
JAMES K. SELLERS,
217 NO. 2ND
WAUCHULA FL 33873**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPS
RAUL JUAREZ,
175 GRIFFIN ROAD
WAUCHULA FL 33873**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

James K. Sellers

4/5/96 *941-773-0300*

Daytime Phone #

CR2E034 (12/95)