


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # P93000073692 (4)					
1. Corporation Name J.D. MOORE & ASSOCIATES, INC.					
Principal Place of Business 6306 GOLDFINCH ST SARASOTA FL 34241			Mailing Address 6306 GOLDFINCH ST SARASOTA FL 34241-9367		
2. Principal Place of Business 21 3332-2 New South Suite, Apt. #, etc. PROVINCE BLVD		2a. Mailing Address 26 3332-2 New South Suite, Apt. #, etc. PROVINCE BLVD		3. Date Incorporated or Qualified 01/01/1994	
22		27		3a. Date of Last Report 05/09/1996	
23 FT. MYERS, FL		28 FT. MYERS, FL		4. FEI Number 65-0442844	
24 33907		29 33907		Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MOORE, JOHN D 6306 GOLDFINCH ST SARASOTA FL 34241				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				CR2E03 (9/96)	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				P S T John D. MOORE 3332-2 NEW SOUTH PROVINCE BLVD FT. MYERS FL 33907	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing 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: <u>John D. Moore</u> JOHN D. MOORE 3/27/97 (941) 925-7114					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					