


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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90050 028 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|---------------------------------|---|--|
| DOCUMENT # P93000074740 | | | |
| 1. Corporation Name DENNIS J. MOE P.A. | | | |
| Principal Place of Business 520 S.E. FORT KING ST. #B-3 OCALA FL 34471 | | Mailing Address 520 S.E. FORT KING ST. P.O. BOX 2856 OCALA FL 34478-3856 US | |
| 2. Principal Place of Business 21 1627 E. SILVER SPRINGS BLVD. Suite, Apt. #, etc. 22 SUITE E. City & State 23 OCALA FL. Zip Country 24 34470-6999 25 U.S.A. | | 2a. Mailing Address 26 P.O. BOX 2856 Suite, Apt. #, etc. 27 City & State 28 OCALA FL. Zip Country 29 34478-2856 30 U.S.A. | |
| 9. Name and Address of Current Registered Agent MOE, DENNIS J 520 S.E. FORT KING ST. #B-3 OCALA FL 34471 | | 10. Name and Address of New Registered Agent 81 Name DENNIS J MOE 82 Street Address (P.O. Box Number is Not Acceptable) 1627 E SILVER SPRINGS BLVD 83 SUITE E. 84 City OCALA 85 Zip Code FL 34478-2856 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOE, DENNIS J | 1.2 NAME | MOE, DENNIS J. |
| STREET ADDRESS | 520 SE FT KING #B-3 | 1.3 STREET ADDRESS | 1627 E. SILVER SPRINGS BLVD. |
| CITY-ST-ZIP | OCALA FL 34471 | 1.4 CITY-ST-ZIP | OCALA, FL. 34471 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

352-368-1777

Daytime Phone #

CR2E034 (11/98)