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 # **P93000082121 (3)**

1. Corporation Name

MOAYER HOMES, INC.

Principal Place of Business	Mailing Address
2174 HARRIS AVE NE SUITE 4 PALM BAY FL 32905	2174 HARRIS AVE NE SUITE 4 PALM BAY FL 32905

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business
21 700 N. WICKHAM Rd.
Suite, Apt. #, etc.
22 207
City & State
23 MELBOURNE, FL
Zip 24 32935 Country 25 BREVARD

2a. Mailing Address
26 700 N. WICKHAM Rd.
Suite, Apt. #, etc.
27 207
City & State
28 MELBOURNE, FL
Zip 29 32935 Country 30 BREVARD

4. FEI Number: 59-3213630 ☐ 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

MOAYER, FRANK
2174 HARRIS AVE NE
SUITE 4
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 700 N. WICKHAM Rd.
83 SUITE 207
84 City Melbourne FL 85 Zip Code 32935

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MOAYER, FRANK	
STREET ADDRESS	2174 HARRIS AVE NE SUITE 4	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VSTD	☐ DELETE
NAME	MOAYER, THEA	
STREET ADDRESS	2174 HARRIS AVE NE SUITE 4	
CITY-ST-ZIP	PALM BAY FL 32905	
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

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	700 N. WICKHAM Rd. Suite # 207	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	700 N. WICKHAM Rd. Suite # 207	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: F. Moayer Frank MOAYER 407-757-9392

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