

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 # **P94000017590 (8)**

1. Corporation Name

C & M MOORE FARMS, INC.



Principal Place of Business

Mailing Address

**ROUTE 3, BOX 85
LIVE OAK FL 32060**

**ROUTE 3, BOX 85
LIVE OAK FL 32060**

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **9152 Hwy 90 E.**

26 **9152 Hwy 90 E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
Live Oak, Florida

City & State
Live Oak, Florida

Zip

Country

Zip

Country

24 **32060**

25 **Swansee**

29 **32060**

30 **Swansee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, CHARLES F
ROUTE 3 BOX 85
LIVE OAK FL 32060**

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, if not applicable

Signature typed or printed name of new registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME	P MOORE, CHARLES F	
STREET ADDRESS	RT 3 BOX 85	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	ST	☐ DELETE
NAME	MOORE, MICHELLE	
STREET ADDRESS	RT 3 BOX 85	
CITY-ST-ZIP	LIVE OAK 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		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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 19.07(3)(g), 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:

Michelle Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96 904-262-3108

Daytime Phone #

CR2E034 (12/95)