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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000045282 (8)

MOORE	CONTROLS, INC.						
Principal Place of Business Mading Address 2660 FAWN LAKE BLVD. MIMS FL 32754 MIMS FL 32754					1 100/00/100		
						3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 09/29/1995
2. Principal Place	of Business	2a. Mailing Addres				4, FEI Number 59-3264561	Applied For Not Applicable
21		[26]					\$8.75 Additional
Suite, Apt. #, 6	etc.	27 Scite, Apt #, 6	Suite, Apt. #, etc			5. Certificate of Status Desired	Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip		Country		8. This corporation has liability for in	tangible tax under s. 199.032,
Zip	25	29	30			Florida Statutes	X No
24]	9. Name and Address of Currer					10. Name and Address of New Re	gistered Agent
				81	Name		
MOORE,	JAMES F			82	Street Ad	idress (F.O. Box Number is Not Acceptable	2)
	WN LAKE BLVD.			83			
MIMS FL	. 32754			L!			85 Zip Code
				84	City	poration submits this statement for the purpoper of directors. I hereby accept the appo	FL
SIGNATURE SI		Taldel CALE AT CATE ND DIFKE CTOFFS DELE		13.	t signature requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Charge
TITLE	D NOODE IMMES E	☐ n:re	E I F	1.2 NAME			
NAME	MOORE, JAMES F 2660 FAWN LAKE BLVD.				T ADDRESS		
STREET ADURESS	MIMS FL 32754			1.4 CITY - 5			
CITY-ST-ZIP TITLE	WHITE I C OE/OT	DEU	FIE	2 1 THE			Change [Addition
NAME				2.2 NAME			
STREET ADDRESS			:	23 STREE	f ADDRESS		
CITY · ST - ZIP				2.4.011Y- 3.1.11/LE			Change Addition
TITLE		□ DE1		3 2 NAME			
NAME					ET ADORESS		
STREET ADDRESS				3.4.C.TY			
CITY+ST-ZIP TITLE		☐ D€i	LETE	4 1 TITLE			☐ Change ☐ Addition
NAME				4.2 NAME	=		
STREET ADDRESS				4 3 STHE	EL ADDRESS		
CITY-S1-ZIP				4.4 Cl ¹ Y			Change Addition
THTLE		☐ DEI	LFit	5 1 111.6			_ , _
NAME				5.2 NAM ⁶ 5.3 STRE	ET ADDRESS		
STREET ADDRESS				5.4 CITY	ì		
CITY - ST - ZIF			TETE	6 1 THL			Change Addition
THLE				62 NAM			
NAME				63 STRE	ELI ADDRESS		

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.

6.4 CHY-ST ZIF

SIGNATURE:

6/20/94 407264-1645

CR2E034 (12/95)