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

• PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400047979

1. Corporation Name

R.D. MOSS & ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address			
12055 63RD ROAD . LIVE OAK FL 32060 US		12055 63RD ROAD LIVE OAK FL 320 60 US			DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualifed 06/22/1994
Principal Place of Business 2a. Mailing Address					4, FEI Number Applied For
21		26			59-3259879 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip			8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. Yes No
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Registered Agent
MOS	S, RONALD D				
12055 63RD RD			82	Street	: Address (P.O. Box Number is Not Acceptable)
LIVE	OAK FL 32060		83		
			84	City	■■ 85 Zip Code
				•	FL
office or r	egistered agent, or both, in the St	0502 and 607.1508, Florida Statutes ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	horized by	the corpo	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered			t signature r	required when reinstating) DATE
12. TITLE	D	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 .
NAME	MOSS, RONALD D	_	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSS, JUNE W		2.2 NAME		
STREET ADDRESS	12050 63RD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS:			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4, CITY-S		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP	
TITLE .		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME 5.3 STREET	ANNOCCO	
STREET ADDRESS			5.4 CITY-ST		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CEDEST ADDRESS			63 STREET	ADDRESS	

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.

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90055 010 ***150.00

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