

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 # P94000092055 (0)

1. Corporation Name

MOODY, BRYANT & BRADSHAW, INC.



Principal Place of Business

500 AZALEA LANE
VERO BEACH FL 32963

Mailing Address

500 AZALEA LANE
VERO BEACH FL 32963

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
02/14/1995

2. Place of Business

21 298 Old Dixie Highway
Suite, Apt. #, etc.

2a. Address

26 298 Old Dixie Highway
Suite, Apt. #, etc.

4. FEI Number

65-0540062

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

City & State

23 Vero Beach, FL

City & State

28 Vero Beach, FL

Zip

24 32962

Country

25 USA

Zip

29 32962

Country

30 USA

9. Name and Address of Current Registered Agent

HOLDERMAN, ELIZABETH
500 AZALEA LANE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

Billy M. MOODY JR.

82 Street Address (P.O. Box Number is Not Acceptable)

298 OLD DIXIE Hwy.

83

84 City

VERO BEACH

FL

85 Zip Code

32962

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 and to be applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOODY, BILLY M	
STREET ADDRESS	500 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRYANT, PHILLIP	
STREET ADDRESS	500 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRADSHAW, JOE	
STREET ADDRESS	500 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADSHAW, CHARLES J	
STREET ADDRESS	500 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLDERMAN, ELIZABETH	
STREET ADDRESS	500 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	298	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	666 Old Dixie Highway	
13 STREET ADDRESS	VERO BEACH, FL 32962	
14 CITY-ST-ZIP		
2 1 TITLE	298	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	666 Old Dixie Highway	
23 STREET ADDRESS	VERO BEACH, FL 32962	
24 CITY-ST-ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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:

Billy M. MOODY JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-96

407 569-1247

Daytime Phone #

CR2E034 (12/95)