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

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90158 003 ***150.00

DOCUMENT# P95000082990 1. Corporation Name

MOORE TITLE SERVICE, INC.

WIOONE	THE CENTICE, INC.								
Principal Place	of Business	Mailing Address				- 1 IMB : IMB : IIM : BITE MAIN MAIN MOIN MOIN		#111. AB11 (BB1	
212 ROSS ROAD 212 ROSS ROAD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310						DO NOT WRITE IN THIS SI	PACE		1
	•					3. Date Incorporated or Qualifed 01/01/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26				59-3340572		Applicable	
Suite, Apt. 4	ŧ, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
City'&'State		City & State	-			6. Election Campaign Financing	\$5.00	иау ве	_
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intan	gible		
24	25	29 3	0			T Clabital Tropolity Tax.		□No	
	9. Name and Address of Current	Registered Agent	-	81 Nam		10. Name and Address of New Registered Ag	ent		
MOORE, HARLAN F						ess (P.O. Box Number is Not Acceptable)			
1202 MT. BATTEN RD			L	or other transfer of the same					
TALL	AHASSEE FL 32301			83					
<u> </u> 				84 City		FL	85 Zip C	ode	
difference or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on familiar with, and accept the obligati	nt Florida. Such change was auti	norizea	by the co	ed corpor rporatio	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointr	anging its inent as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if conticable (NOTE: Re	enistered i	Anent sinnatu	re required	when reinstating) DATE			=
12.	OFFICERS ANI		13.	-gont orginal		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	8
TITLE	P	☐ DELETE	1.1 TIT	LE			Change	Addition	CR2E034 (11/98)
NAME	MOORE, HARLON F.		1.2 NA	ME		HARLAN			8
STREET ADDRESS	1202 MT. BATTEN RD.		1.3 STF	REET ADDRE	ss				Ë
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CfT	Y-ST-ZIP		32301			2
TILE		☐ DELETE	2.1 TIT	LE			☐ Change	Addition	O
NAME			2.2 NA	ME					ļ
STREET ADDRESS			2.3 \$17	REET ADDRE	SS				l
-GITY-ST-ZIP			2:4 CI	IY-ST-ZIP	<u></u>				
TITLE		☐ DELETE	3.1 TiT	LE			☐ Change	☐ Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET ADDRÉ	ss			1	i
CITY-ST-ZIP	<u> </u>		-	TY-ST-ZIP					
TILE		☐ DELETÉ	4.1 TIT	LE		·	☐ Change	☐ Addition	
NAME			4. 2 NA	ME				+	
STREET ADDRESS			4.3 STI	REET ADDRE	SS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					ı

CITY-ST-ZIP 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 open attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

850-671-4584

Change

☐ Change

Addition

☐ Addition