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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

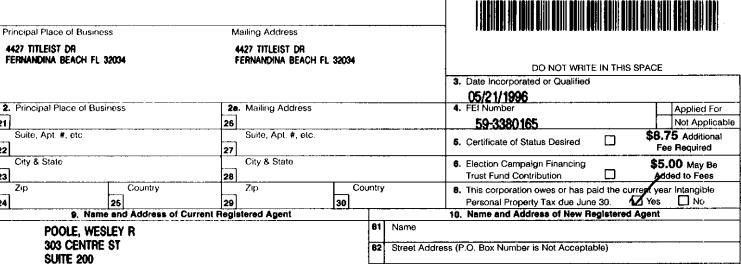
DOCUMENT # P96000045209 (9)

ROBERT AND SANDRA MOORE, INC.

FERNANDINA BEACH FL 32034

Principal Place of Business Mailing Address 4427 TITLEIST DR 4427 TITLEIST DR FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034

FILED Mar 23 1998 8:00am Secretary of State



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.

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SIGNATURE					
12.	Signature, typed or printed name of registered agent and title d applicable (NO OFFICERS AND DIRECTORS		Registered Agent signature required 13.	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DS OFFICERS AND DIRECTO	DELETE	1,1 TITLE	Change	Addition
TITLE				Cliange	AUDITION
NAME	MOORE, ROBERT G		1.2 NAME		
STREET ADDRESS	4427 TITLEIST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change	Addition Addition
NAME	Moore, Sandra B		2.2 NAME		
STREET ADDRESS	4427 TITLEIST DR		2.3 STREET ADDRESS		
CłTY-ST-ZIP	FERNANDINA BEACH FL 32034		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	■ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 suppliemental 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 op an attachment with an

SIGNATURE:

Zip Code