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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053930 (9)

MOOERS & COMPANY INCORPORATED Principal Place of Business Mailing Address 6721 TAEDA DR. 6721 TAEDA DR. SARASOTA FL 34241-9153 SARASOTA FL 34241 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0675046 21 Not Applicable 26 Suite Act # etc. Suité, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOOERS, RICHARD L 6721 TAEDA DR. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241 83 84 City Zip Code 85 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 tells if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE 11 TITLE Change TITLE Richard Mooers NAME 1.2 NAME CR2E034 6721 Taeda Br. 1.3 STREET ADDRESS STREET ADDRESS Scrasota FC 34241 1.4 CITY-ST-ZIP CHY-ST-70 TOLE DELETE 2.1 TITLE Change Addition Lisa Movers 2.2 NAME HAME 6721 Taeda Dr. STREET ADDRESS 23 STREET ADDRESS Sorasota, FL 3424/ CHY-ST-7IP 2.4 CITY-ST-ZIP DELETE Addition Change HILE 3.1 TITLE NAbli 3.2 NAME STREET ABORESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP 0174-51-712 DELETE Change Addition TILE 41 TITLE 4. 2 NAME NAVE 4.3 STREET ADDRESS STREET ADDRESS 011-51-08 4.4 CITY-\$T-ZIP DELETE ☐ Addition 5.1 TITLE Change THLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE . Addition 6.1 TITLE Change THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY ST-ZIP

CITY SE-Z-2

March ND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Mar 31 1997 8:00am

Secretary of State

14. Hide 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 supplier under path; the and accurate and that my signature shall have the same legal effect as if made under path; 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.