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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057383 (7)

1. Corporation Name

MOORE'S TELEPHONE SERVICE, INC.



Principal Place of Business

1502 E. BOUGAINVILLE AVENUE
TAMPA FL 33612-7082

Mailing Address

1502 E. BOUGAINVILLE AVENUE
TAMPA FL 33612-7082

2. Principal Place of Business

21 1502 E. Bougainvillea

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

Country

24 33612-7062

25 USA

2a. Mailing Address

26 PO BOX 280591

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

Country

29 33682-0591

30 USA

3. Date Incorporated or Qualified

07/05/1996

3a. Date of Last Report

NONE

4. FEI Number

59-3373478

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

9. Name and Address of Current Registered Agent

MOORE, LEWIS S
1502 E. BOUGAINVILLE AVENUE
TAMPA FL 33612-7082

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Lewis S. Moore, Pres.
Signature, typed or printed name of registered agent and title if applicable

Lewis S. Moore, Pres.

(NOTE: Registered Agent signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE

NAME *Lewis S. Moore*
STREET ADDRESS *1502 E. Bougainvillea Av*
CITY-ST-ZIP *Tampa, FL 33612-7062*

TITLE *Secretary/Treas.* ☐ DELETE

NAME *Patricia S. Moore*
STREET ADDRESS *1502 E. Bougainvillea*
CITY-ST-ZIP *Tampa, FL 33612-7062*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Lewis S. Moore (813)

CR2E034 (9/96)