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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

1502 E. BOUGAINVILLE AVENUE  
TAMPA FL 33612-7062

P.O. BOX 280591  
TAMPA FL 33682-0591  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9481 Highland Oak Dr

Suite, Apt. #, etc.

22 712

City & State

23 Tampa FL

Zip

24 336 47-2519

Country

25 Hillsborough

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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3. Date Incorporated or Qualified

07/05/1996

4. FEI Number

59-3373478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MOORE, LEWIS S  
1502 E. BOUGAINVILLE AVENUE  
TAMPA FL 33612-7062

10. Name and Address of New Registered Agent

81 Name

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

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84 City

85 Zip Code

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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 title if applicable

Lewis S. Moore Pres

(NOTE: Registered Agent signature required when reinstating)

4-1-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P

STREET ADDRESS MOORE, LEWIS S

CITY-ST-ZIP 1502 E. BOUGAINVILLE AVE.

TAMPA FL

TITLE ☐ DELETE

NAME ST

STREET ADDRESS MOORE, PATRICIA S

CITY-ST-ZIP 1502 E. BOUGAINVILLE AVE.

TAMPA FL

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 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

Signature, typed or printed name of registered agent and title if applicable

4-1-98 812-925-8446

CR2E034 (10/97)