

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

FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90003 048 ***558.75

DOCUMENT # P96000057701

1. Corporation Name
MOREARCHITECTURE, INC.



Principal Place of Business
42 HIDDEN COVE
VALPARAISO FL 32580

Mailing Address
42 HIDDEN COVE
VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1996

4. FEI Number
59-3390623

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 139 Tray Circle
Suite, Apt. #, etc.

2a. Mailing Address
26 139 Tray Circle
Suite, Apt. #, etc.

22 City & State
23 Ft. Walton Beach, FL

27 City & State
28 Ft. Walton Beach, FL

24 Zip
32547

29 Zip
32547

9. Name and Address of Current Registered Agent
MORE, LARRY B
42 HIDDEN COVE
VALPARAISO FL 32580

10. Name and Address of New Registered Agent

81 Name
Larry B. More
82 Street Address (P.O. Box Number is Not Acceptable)
139 Tray Circle
83
84 City
Ft. Walton Beach FL 85 Zip Code
32547

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
Larry B. More, AIA

June 17, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	TIMOTHY, JANIS A	
STREET ADDRESS	42 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	TIMOTHY, JANIS A	
STREET ADDRESS	42 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORE, LARRY B	
STREET ADDRESS	42 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janis A. More	
1.3 STREET ADDRESS	139 Tray Circle	
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janis A. More	
2.3 STREET ADDRESS	139 Tray Circle	
2.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larry B. More	
3.3 STREET ADDRESS	139 Tray Circle	
3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Larry B. More
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 1999 (850) 863-1255

CR2E034 (11/98)