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Apr 22 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 # P96000058821 (5)

1. Corporation Name
MOORE & SON TRUCKING, INC.

Principal Place of Business

RT. 1, BOX 3502
HAVANA FL 32333

Mailing Address

RT. 1, BOX 3502
HAVANA FL 32333-9762



2. Principal Place of Business

21 Rt 2 Box 529H

Suite, Apt. #, etc.

22 HAVANA

City & State

23 FI

Zip

24 32333

Country

25 US

2a. Mailing Address

26 Rt 2 Box 529H

Suite, Apt. #, etc.

27 HAVANA FI

City & State

28 FI

Zip

29 32333

Country

30 US

3. Date Incorporated or Qualified

07/12/1996

3a. Date of Last Report

4. FEI Number

59-3391207

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, RONALD D
RT. 1, BOX 3502
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name

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

83 RT 2 Box 529H

84 HAVANA

City

FL

85 Zip Code

32333

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 in box of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME MOORE, RONALD D
STREET ADDRESS RT. 1, BOX 3502
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE STD
NAME MOORE, BRENT D
STREET ADDRESS RT. 1, BOX 3502
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE Moore, Dora R
NAME R+ 2 Box 529H
STREET ADDRESS HAVANA FI 32333

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Moore Dora R President
1.2 NAME
1.3 STREET ADDRESS RT 2 Box 529H
1.4 CITY-ST-ZIP HAVANA FI 32333

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

(904) 539-6739