

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JUL 11 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

PA6000091243

BYRNE & MOORE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5950 Imperialakes Blvd.
Mulberry, Fl. 33860

3. Date Incorporated or Qualified
Nov. 6, 1996

3a. Date of Last Report
New

4. FEI Number
59-3436271

Applied For
Not Applicable

6. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Charles P. Chritton
5300 S. Florida Avenue
Lakeland, FL 33813

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 607.0508, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation or registered agent

Signature of Registered Agent's signature (not a shareholder)

(Date)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE President ☐ DELETE
NAME James A. Moore
STREET ADDRESS 5950 Imperialakes Blvd.
CITY-ST-ZIP Mulberry, FL 33860

13. 11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE Secretary ☐ DELETE
NAME James A. Moore
STREET ADDRESS 5950 Imperialakes Blvd.
CITY-ST-ZIP Mulberry, Fl 33860

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME James A. Moore
STREET ADDRESS 5950 Imperialakes Blvd.
CITY-ST-ZIP Mulberry, Fl. 33860

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes, and to my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JAMES A. MOORE

7/9/97

CR2E034 (9/96)