

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066439 (5)**

1. Corporation Name
M.L. MOORE & ASSOCIATES, INC.

Principal Place of Business
**4721 RIVERSIDE DR
YANKEETOWN FL 34498**

Mailing Address
**4721 RIVERSIDE DR
YANKEETOWN FL 34498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 4721 Riverside Dr.		07/28/1997	
22 City & State		27 Box 9		4. FEI Number	
23 Zip		28 Yankeetown FL		59-3464074	
24 Country		29 34498		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MOORE, MARCUS L 4721 RIVERSIDE DR YANKEETOWN FL 34498				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Mail will not
be delivered
without P.O. Box

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4721 Riverside Dr. Box 9
83 City	FL
84 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 **Mark L Moore** DATE **13 Feb 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARCUS L JR.	1.2 NAME	
STREET ADDRESS	4721 RIVERSIDE DR	1.3 STREET ADDRESS	4721 Riverside Dr. Box 9
CITY - ST - ZIP	YANKEETOWN FL 34498	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LESLIE E	2.2 NAME	
STREET ADDRESS	4721 RIVERSIDE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	YANKEETOWN FL 34498	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES A	3.2 NAME	
STREET ADDRESS	9875 KINGS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE GA 30506	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MICHAEL M	4.2 NAME	
STREET ADDRESS	4111 LEONA ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 34436	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: **Mark L Moore** DATE: **13 Feb 98**

CP2E034 (1097)