

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90076 005 ***150.00

DOCUMENT # **P97000078574**

1. Corporation Name
MARK MOORE, INC.



Principal Place of Business
12772 TURTLE LAKE LN
JAX FL 32246
US

Mailing Address
12772 TURTLE LAKE LN
JAX FL 32246
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3466339

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 **2287 EAGLES NEST RD**

Suite, Apt. #, etc.

22

23 City & State **JACKSONVILLE, FL**

24 Zip **32246** 25 Country **USA**

2a. Mailing Address

26 **2287 EAGLES NEST ROAD**

Suite, Apt. #, etc.

27

28 City & State **JACKSONVILLE FL**

29 Zip **32246** 30 Country **USA**

9. Name and Address of Current Registered Agent

MOORE, MARK C
12772 TURTLE LAKE LN
JAX FL 32246

10. Name and Address of New Registered Agent

81 Name

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

2287 EAGLES NEST ROAD

83

84 City **JACKSONVILLE**

FL

85 Zip Code **32246**

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 required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MOORE, MARK**
STREET ADDRESS **12772 TURTLE LAKE LN**
CITY-ST-ZIP **JAX FL 32246**

TITLE ☐ DELETE

NAME **MOORE, BETTY**
STREET ADDRESS **12772 TURTLE LAKE LN**
CITY-ST-ZIP **JAX FL 32246**

TITLE ☐ DELETE

NAME **MOORE, MARK C**
STREET ADDRESS **12772 TURTLE LAKE LN**
CITY-ST-ZIP **JAX FL 32246**

TITLE ☐ DELETE

NAME **MOORE**
STREET ADDRESS **12772 TURTLE LAKE LN**
CITY-ST-ZIP **JAX FL 32246**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2287 EAGLES NEST ROAD

JACKSONVILLE FL 32246

2287 EAGLES NEST ROAD

JACKSONVILLE, FL 32246

2287 EAGLES NEST ROAD

JACKSONVILLE, FL 32246

TREASURER
MOORE, BETTY
2287 EAGLES NEST ROAD

JACKSONVILLE, FL 32246

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)