

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

DOCUMENT # P98000000543

1. Corporation Name

R.T. MOORE AND ASSOCIATES, INC.

Principal Place of Business

1309 ST JOHNS BLUFF ROAD N STE A-4
JACKSONVILLE FL 32225

Mailing Address

1309 ST JOHNS BLUFF ROAD N STE A-4
JACKSONVILLE FL 32225

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

59-3484416

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

9. Name and Address of Current Registered Agent

STEELY, LOWELL V
1309 ST JOHNS BLUFF ROAD N STE A-4
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Jill B. Jacques

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

1309 St. Johns Bluff Rd N, Ste A4

83

Jacksonville, FL 32225

84 City

Jacksonville

FL

85 Zip Code

32225

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

Jill B. Jacques

Jill B. Jacques

3/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

P/D

1.3 STREET ADDRESS

Rufus T. Moore
4251 Monument Rd, Unit 404
Jacksonville, FL 32225

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

V

2.3 STREET ADDRESS

Susan E. Moore
4251 Monument Rd, Unit 404
Jacksonville, FL 32225

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

S/T

3.3 STREET ADDRESS

Jill B. Jacques
6454 Ferber Rd
Jacksonville, FL 32277

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

(904) 641-3700

Daytime Phone #

CR2E034 (1/98)