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

04-29-1999 90083 008 ***158.75

FILED Apr 29, 1999 8:00 am Secretary of State

DOCUMENT # 1. Corporation Name P98000015939

MOORE'S CONSTRUCTION SERVICES INC.

						III				
Principal Place of Business Mailing Address						'"				
70 111122211 01		16 MILLER ST FORT WALTON BEACH FL 32548			DO NOT WF	ITE IN THE	S SPACE			
						3. Date In 02/18	corporated or Qualifed	i		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Nu	nber		Ap	pled For
21 80h	Fairview Drive	26 8Ala Fairlie	o Dri	حرار ا		59-	3484946		No	t Applicable
Suite, Apt.	#, etc.	26 806 Fairlice Suite, Apt. #, etc. 27 Apart men j-					te of Status Desired	12	\$8.75 A	
City & State	e e	City & State				6. Election	Campaign Financing		\$5.00	Nav Be
23 Fort	Walton Beach, FL	28 Fort Walton	Beac Country	h.,	FI_	Trust F	and Contribution		Added t	· · · · · · · · · · · · · · · · · · ·
	7 25 04 1005 0	29 32547 3	O OKA	, n /	4	1	al Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	₽ 3No
24 3254	9. Name and Address of Current			7/04	2.32		and Address of New	Registere	Agent	
3. Hame and Address of Current Registered Agent					me _					
MOORE, JOANNE M										
16 MILLER ST			82	2 Str	eet Addr	ess (P.O. Box	Number is Not Accep	table)		!
FORT WALTON BEACH FL 32548			83	3						
					у			F	_ ' ' '	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was aut	nonzed by	v the o	ned co p corporation	oration submit on's board of d	this statement for the rectors. I hereby according to the rectors.	e purpose of ept the app	if changing its pintment as re	gistered
SIGNATURE	Toanne M. Moor. Signature, typed or printed name of registered agent.	e Cloud	nne	1	nture require	d when reinstating)	•	L 26		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIO	NS/CHANGES TO O	FFICERS /		
TITLE	D	☐ DELETE	11 TITLE		1				Change	☐ Addition
NAME	MOORE, JOANNE M		1.2 NAME							
STREET ADDRESS				ET ADDI	ESS					
CITY-ST-ZIP				ST-ZIP						
TITLÉ	DELETE 211								Change	Addition
NAME	221									
STREET ADDRESS			2.3 STREE	ET ADDF	RESS					
CITY-ST-ZIP	2.40			-ST-ZIP						
TITLE	☐ DELETE 3.1 T		3.1 TITLE	3.1 TITLE					Change	Addition
NAME			32 NAME	į.						
STREET ADDRESS			3.3 STREE	ET ADDI	RESS					
CITY-ST-ZIP	34.0		3.4. CITY-	-ST-ZIP						
TITLE			_						C	
NAME		☐ DELETE	4.1 TITLE						☐ Change	Addition
STREET ADDRE IS		☐ DELETE	4.1 TITLE 4. 2 NAME						Change	Addition
1		☐ DELETE	•	E	RESS				□ Change	Addition
CITY-ST-7/P		☐ DELETE	4. 2 NAME	E ET ADDI	RESS					Addition
CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREE	E ET ADDI ST-ZIP	RESS				☐ Change	Addition
			4, 2 NAME 4,3 STREE 4,4 CITY-	E ET ADDI ST-ZIP	RESS					
TITLE			4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	E ET ADDI ST-ZIP						

14. 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRE 3S

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

Change