

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90010 029 ***150.00

DOCUMENT #

1. Corporation Name

MOORE'S FURNITURE INC.

P98000041638

Principal Place of Business

Mailing Address

3614 BLANDING BLVD
JACKSONVILLE, FL. 32210

3614 BLANDING BLVD.
JACKSONVILLE, FL. 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-6-1998

4. FEI Number

587-30-4480

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

2a. Mailing Address

21 MOORE'S FURNITURE INC.

26 MOORE'S FURNITURE INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3614 BLANDING BLVD.

27 3614 BLANDING BLVD.

City & State

City & State

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

Zip

Country

Zip

Country

24 32210

25

29 32210

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS C. PLEIMAN JR.
9140 GOLFSIDE DR. SUITE 1
JACKSONVILLE, FL. 32256

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OWNER ☒ DELETE

NAME LEON MOORE
STREET ADDRESS 6855 WILSON BLVD.#17
CITY-ST-ZIP JACKSONVILLE, FL. 32210

1.1 TITLE OWNER ☒ Change ☐ Addition

1.2 NAME LEON MOORE
1.3 STREET ADDRESS 3614 BLANDING BLVD.
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32210

TITLE OWNER ☒ DELETE

NAME GWENDOLYN MOORE
STREET ADDRESS 6855 WILSON BLVD.#17
CITY-ST-ZIP JACKSONVILLE, FL. 32210

2.1 TITLE OWNER ☒ Change ☐ Addition

2.2 NAME GWENDOLYN MOORE
2.3 STREET ADDRESS 3614 BLANDING BLVD.
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON MOORE

5-27-99

Date

(904)772-8111

Daytime Phone #

CR2E034 (11/98)