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04-30-1999 90075 024 \*\*\*150.00

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PROFIT. CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000045386</b>			
1. Corporation Name <b>WAYNE H. MOORE, JR., INC.</b>			
Principal Place of Business <b>408 SOUTH HIGHLAND AVENUE TARPON SPRINGS FL 34689</b>		Mailing Address <b>408 SOUTH HIGHLAND AVENUE TARPON SPRINGS FL 34689</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>TRASK, THOMAS J 595 MAIN STREET DUNEDIN FL 34689</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ [ ] Change [X] Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ [ ] Change [ ] Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____ [ ] Change [ ] Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ [ ] Change [ ] Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ [ ] Change [ ] Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ [ ] DELETE		6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____ [ ] Change [ ] Addition	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

727-934-4347

Daytime Phone #

CR2E034 (11/98)