

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 5:27

DOCUMENT # S28060

(9)

To Corporation Name

MOORE'S PAINT AND BODY SHOP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**513 GREENE ST.
KEY WEST FL 33040**

Mailing Address

**513 GREENE ST.
KEY WEST FL 33040**

LETTER WRITE IN THIS SPACE

3. Date of Corporate Meeting	3a. Date of Last Report
01/29/1991	06/01/1994
4. FEI Number	Applied For
65-0250381	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 has liability for intangible tax under § 199.032, Florida Statutes	
☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. City, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**MOORE, GARY E.
513 GREENE ST.
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

85. FL

86. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, a 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D MOORE, GARY E.	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	20 AZALEA DRIVE	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	KEY WEST FL	13.3 CITY, ST, ZIP	
12.4 NAME	D MOORE, CLARA L.	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	20 AZALEA DRIVE	13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	KEY WEST FL	13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	
12.16 NAME		13.16 NAME	☐ Change ☐ Addition
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY, ST, ZIP		13.18 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b)(4), 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 make this report as required by Chapter 440, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *Gary E Moore*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 305-294-3805