

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S35523**

(7)

1. Corporation Name

MOORE FOR YOUR MONEY, INC.



Principal Place of Business

**212 NORTH MADISON AVE.
CLEARWATER FL 34615**

Mailing Address

**212 NORTH MADISON AVE.
CLEARWATER FL 34615**

2. Principal Place of Business

21 State: **FL** Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State: **FL** Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**KELLEY, WANDA
212 NORTH MADISON AVE.
CLEARWATER FL 34615**

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

02/23/1995

4. FEI Number

59-3051139

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0002 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, therefore, with, and accept the obligations of, Section 607.0005, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(If Agent, Print Name and Address of Corporation, See Form)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**P
KELLEY, WANDA
212 N. MADISON AVE
CLEARWATER FL**

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, STATE, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, STATE, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Wanda Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/96 *813-628-0377*
DATE OF FILING

CR2E034 (12/95)