**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

MOURE, BASS & BIBLER, INC.								
Principal Place of Business Mailing Address						1842 1811 BJBJ1 919	IF <b>TIEN GIGI</b> I E	1811 01811 1081
805 N GADSDEN STREET TALLAHASSEE FL 32303 US		805 N GADSDEN STREET TALLAHASSEE FL 32303 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
					08/01/1991			
Principal Place of Business     2a. Mailing Address					4. FEI Number		Apr	plied For
21		26			59-3075663			Applicable
		Suite, Apt. #, etc.	ιρt. #, etc.		5. Certifcate of Status Desired	λį	<b>\$8.75</b> A	
22 2 27 City & State City & State			City & State		6. Election Campaign Financing		\$5.00	<del></del>
23	•	28			Trust Fund Contribution		Added to	, i
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax.   No			
24	25	29 30			10. Name and Address of New		<del></del>	<u> </u>
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Maine and Address of New	registeres r	<del></del>	
GAUTIER, RUSSELL D. 2010 DELTA BLVD TALLAHASSEE FL 32303			82	Street Add	dress (P.O. Box Number is Not Accept	able)		
			L					
			83	}				
			84	City		FL	85 Zip C	ode
office or re agent. I ar SIGNATURE	to the provisions of Sections 60. Sets agistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was authorations of, Section 607.0505, Florida	Statute	s.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appoint	ment as rec	gistered
12.	_*	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	_	
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	MOORE, RICHARD A.		1.2 NAME	ļ				
STREET ADDRESS	805 N GADSDEN STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-1	ST-ZIP			Channe	□ Addition
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME (	BASS, KAREN K.		2.2 NAME	i				
STREET ADDRESS	805 N GADSDEN STREET			TADDRESS				
C/TY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	<del></del>		Change	[ ] Addition
TITLE	D COUCLE CIMA		3.2 NAME				<u> </u>	_
NAME	ECHOLS, GINA 805 N GADSDEN STREET		l	T ADDRESS				
STREET ADDRESS	TALLAHASSEE FL							
CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	☐ Addition
NAME		į	4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		_		
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	l				
			5.3 STRE	T ADDRESS				

14. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

G OFFICER OR DIRECTOR

DELETE

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 027 \*\*\*317.50

Addition

Change