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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S73176

(7)

1. Corporation Name

T.R. MOORE ENTERPRISES, INC.

Principal Place of Business

382 APEX STREET  
NORTH FORT MYERS FL 33903-3627

Mailing Address

P.O. BOX 4461  
NORTH FORT MYERS FL 33918-4461  
US

3. Date Incorporated or Qualified  
08/14/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 405 APEX STREET

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number  
65-0282538

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

9. Name and Address of Current Registered Agent

MOORE, THOMAS R.  
382 APEX STREET  
NORTH FT. MYERS 33903

10. Name and Address of New Registered Agent

81 Name

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

83 405 APEX ST.

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 Thomas R. Moore

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

(NOTE: Registered Agent signature required when reinstating)

4-30-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST

NAME MOORE, THOMAS R.

STREET ADDRESS 382 APEX STREET  
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE D

NAME MOORE, JULIA ANN

STREET ADDRESS 382 APEX STREET  
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Thomas R. Moore

CR2E034 (9/96)