FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00712 (2)

1. Corporation Name
MOORE HOLDINGS, INC.

Principal Place of Business	Mailing Address
209 2ND ST. LIVERPOOL NY 13088	209 2ND ST. LIVERPOOL NY 13088

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 02/01/1994
4. FEI Number: 58-1973589 — 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

	2. Principal Place of Business		2a. Mailing Address
21	95 EAST LAKE ROAD	26	95 EAST LAKE ROAD
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State: SKANEATELES New York	28	City & State: SKANEATELES New York
24	Zip: 13152	29	Zip: 13152
25	Country: ONONDAGA	30	Country: ONONDAGA

9. Name and Address of Current Registered Agent

FLETCHER, ROBERT K.
3966 AIRWAY CIR
CLEARWATER FL 34622

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 607.0502 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 ______________________ (Signature, typed or printed name of registered agent and title if applicable) ______________________ (Registered Agent signature if changed) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☒ Change ☐ Addition
NAME	MOORE, JAMES R.	1 2 NAME	
STREET ADDRESS	209 2ND ST.	1 3 STREET ADDRESS	95 EAST LAKE ROAD
CITY ST ZIP	LIVERPOOL NY	1 4 CITY ST ZIP	SKANEATELES NY 13152
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST 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)(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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/1/95 (Date) (315) 451-6167 (Daytime Phone #)

0484708 FN