

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
Tallahassee, FL 32399-0400

APPROVED
AND
FILED

15 MAY 1995 2:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44678**

(3)

To: Corporation Name

MOORE'S REMODELING INC.

Principal Place of Business
**7755 FAREHAM CT
ST PETERSBURG FL 33709**

Mailing Address
**7755 FAREHAM CT
ST PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/17/1992** 3a. Date of Last Report **04/19/1994**

4. FET Number **59-3129829** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor ☐ **\$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 Incorporation

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. County

29. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, RODNEY O SR
7755 FAREHAM CT
ST PETERSBURG FL 33709**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of sections 607.01, 607.02, and 607.04 of the 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 sections 607.01, 607.02, Florida Statutes.

SIGNATURE

[Signature]

To: Registered Agent (Print Name, Address, and City)

1/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME	D MOORE, RODNEY O SR
STREET ADDRESS	7755 FAREHAM CT
CITY, STATE, ZIP	ST PETERSBURG FL
NAME	D TURNER, CARROLL B.
STREET ADDRESS	5801 49TH AVE N
CITY, STATE, ZIP	KENNETH CITY FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
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STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation stated on this form of the Florida Statutes. I declare under penalty that the information included on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if my name were signed. That I am an officer or director of the corporation or the registered agent of the corporation and that my name appears on Block 12 or Block 13 of this report and that I am otherwise bound with an affidavit.

SIGNATURE

[Signature]
SIGNATURE AND PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR
RODNEY O. MOORE

PRESIDENT

1/30/95

813-541-6371