## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CICNATUDE:

Jul 31 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # V44678 (3) MOORE'S REMODELING INC. Principal Place of Business Mailing Address 7755 FAREHAM CT 7755 FAREHAM CT ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1992 4. FEI Number 05/17/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 59-3129829 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ΠNo 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOORE, RODNEY O SR 7755 FAREHAM CT Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33709 83 84 City 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 (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE MOORE, RODNEY O SR NAME 1.2 NAME 7765 FAREHAM CT 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THLE TURNER, CARROLL B. NAME 2.2 NAME 5801 49TH AVE N STREET ADDRESS 2.3 STREET ADDRESS Kenneth City Fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. C(TY - ST - ZIP DELETE Change ☐ Addition 4.1 TiTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1 - ZIP 14. I do horeby 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 and the state of the corporation of 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 and the state of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corp

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