

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # V67681 (9)

1. Corporation Name

STEVE MOORE, INC.



Principal Place of Business

Mailing Address

PO BOX 9500
GREENACRES CITY FL 33466-9005

PO BOX 9500
GREENACRES CITY FL 33466-9005

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 1700 E. PALM BEACH ROAD

26 1700 E. Palm Beach Road

4. FEI Number

65-0215049

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23 Belle Glade Florida

28 Belle Glade, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

24 33430

25 Palm Beach

29 33430

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, STEPHEN C.
5757 LAKE WORTH ROAD
GREENACRES CITY FL 33466-9005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MOORE, STEPHEN C.
STREET ADDRESS
5757 LAKE WORTH RD.
CITY-ST-ZIP
GREENACRES CITY FL

TITLE ☒ DELETE

NAME
MOORE, STEPHEN C.
STREET ADDRESS
5757 LAKE WORTH RD.
CITY-ST-ZIP
GREENACRES FL

TITLE ☐ DELETE

NAME
DURAND, WILLIAM K
STREET ADDRESS
7397 ASHLEY SHORES CIRCLE
CITY-ST-ZIP
LAKE WORTH FL

TITLE ☒ DELETE

NAME
MOORE, CATHERINE A
STREET ADDRESS
5757 LAKE WORTH RD.
CITY-ST-ZIP
GREENACRES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

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)(k), 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:

R. D. Albertson

R. D. ALBERTSON

1/16/96

407-992-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)