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Feb 28 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 # V67681 (9)

1. Corporation Name
STEVE MOORE, INC.

Principal Place of Business
1700 E. PALM BEACH ROAD
BELLE GLADE FL 33430
US

Mailing Address
1700 E. PALM ROAD
BELLE GLADE FL 33430-4506
US



3. Date Incorporated or Qualified 09/28/1992 3a. Date of Last Report 01/25/1996

4. FEI Number 65-0215049 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MOORE, STEPHEN C.
5757 LAKE WORTH ROAD
GREENACRES CITY FL 33486-9005

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE P ☐ DELETE
NAME ALBERTSON, RONALD D.
STREET ADDRESS 5757 LAKE WORTH RD.
CITY - ST - ZIP GREEN ACRES FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE SECRETARY, TREASURER ☐ Change ☒ Addition
32 NAME CATHERINE MOORE
33 STREET ADDRESS 5757 LAKE WORTH ROAD
34 CITY - ST - ZIP GREENACRES FL 33463

41 TITLE ASST. SEC. TREAS. ☐ Change ☒ Addition
42 NAME CHARLES V. BAIRDEN
43 STREET ADDRESS 5757 LAKE WORTH RD.
44 CITY - ST - ZIP GREENACRES FL 33463

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

CHARLES V BAIRDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 561-434-5204
Date Daytime Phone #

CR2E034 (9/96)