

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.)

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PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V71046** (9)
1. Corporation Name
MOORE & MOORE BAIL BOND AGENCY, INC.

Principal Place of Business
**433 WEST KENNEDY BLVD.
EATONVILLE FL 32810**

Mailing Address
**433 WEST KENNEDY BLVD.
EATONVILLE FL 32810**

FILED
97 AUG 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 433 W. KENNEDY BLVD Suite, Apt. #, etc. 22 SUITE - A - City & State 23 EATONVILLE FLORIDA Zip 24 32810		2a. Mailing Address 26 433 KENNEDY BLVD Suite, Apt. #, etc. 27 SUITE - A - City & State 28 EATONVILLE, FLORIDA Zip 29 32807		3. Date Incorporated or Qualified 10/12/1992		3a. Date of Last Report 07/09/1996	
				4. FEI Number 59-3143800		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MOORE, CALVIN J. 433 WEST KENNEDY BLVD. EATONVILLE FL 32810		10. Name and Address of New Registered Agent 81 Name MOORE, CALVIN J - 82 Street Address (P.O. Box Number is Not Acceptable) 433 W. KENNEDY BLVD 83 84 City EATONVILLE FL 85 Zip Code 32810	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CALVIN J.	1.2 NAME	
STREET ADDRESS	433 W. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EATONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **CALVIN J. MOORE** *Calvin J. Moore* 8-14-97 407-660-0101

CR2E034 (4/97)

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I. I CALVIN J. MOORE DID NOT
RECEIVE THE 1ST NOTICE OF
ANNUAL REPORT.

II. HAD CONVERSATION WITH EMPLOYEE
OF DIV. OF CORPORATION 8-14-97

SINCERELY *Calvin J. Moore*
CALVIN J. MOORE

407-660-0101

4-14-97