

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P09563**

(8)

95 MAY -1 AM 5:17

1. Corporation Name

MOODY-PRICE, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2966 LUPINE STREET
BATON ROUGE LA 70805

2966 LUPINE STREET
BATON ROUGE LA 70805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

72-1044462

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 (32)
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 (040) and 607 (150) 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 (040), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DANIEL, DANNY A.
STREET ADDRESS	12345 HIGHLAND RD
CITY, ST, ZIP	BATON ROUGE LA
TITLE	O
NAME	LEBLEU, KENNETH C
STREET ADDRESS	528 WILLOWS END E CT
CITY, ST, ZIP	BATON ROUGE LA
TITLE	D
NAME	DANIEL, MARY
STREET ADDRESS	12345 HIGHLAND RD
CITY, ST, ZIP	BATON ROUGE LA
TITLE	ODST
NAME	LAXTON, DAVID
STREET ADDRESS	953 WOODGATE BLVD
CITY, ST, ZIP	BATON ROUGE LA
TITLE	D
NAME	CHADWICK, MICHAEL S.
STREET ADDRESS	3106 MID LANE
CITY, ST, ZIP	HOUSTON TX
TITLE	O
NAME	BREEDLOVE, CHARLES
STREET ADDRESS	5832 PARKBRIAR CT
CITY, ST, ZIP	BATON ROUGE LA

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

653 Woodgate Blvd.

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 (1)(c) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

David Laxton
SIGNATURE AND PRINTED NAME OF LIQUIDATING OFFICER OR DIRECTOR

5/1/95

504-344-0511