

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 APR -7 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V00712 (2)**

1. Corporation Name
MOORE HOLDINGS, INC.

Principal Place of Business Mailing Address
209 2ND ST. LIVERPOOL NY 13088 **209 2ND ST. LIVERPOOL NY 13088**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1991** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **95 EAST LAKE ROAD** 26 **95 EAST LAKE ROAD**
22 Suite, Apt #, etc. 27 State, Apt #, etc.
23 **SKARATELES New York** 28 **SKARATELES New York**
24 **13152** 25 **ONONDAGA** 29 **13152** 30 **ONONDAGA**

4. FEI Number **58-1973589** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, ROBERT K.
3986 AIRWAY CIR
CLEARWATER FL 34622**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of officer or director of corporation (Type or print name)

Signature of registered agent (Type or print name)

Date

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MOORE, JAMES R.
STREET ADDRESS	209 2ND ST.
CITY, ST, ZIP	LIVERPOOL NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	95 EAST LAKE ROAD
4. CITY, ST, ZIP	SKARATELES NY 13152
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information submitted on this report is true and correct and that I am an officer or director of the corporation or the registered agent authorized 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNER OF OFFICER OR DIRECTOR

4/1/95 (3/15) 451-6167