

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:22

DOCUMENT # P93000065615 (5)

1. Corporation Name
MOONDRIFTER REALTY, INC.

Principal Place of Business Mailing Address
8815 THOMAS DR 8815 THOMAS DR
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/21/1993 3a. Date of Last Report 02/18/1994

4. FBI Number 59-3201796 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 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MARSHALL, PAUL A
8815 THOMAS DR
PANAMA CITY BEACH FL 32408

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARSHALL, PAUL A.
STREET ADDRESS	1245 TAMARA CIRCLE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	ROBISON, PEGGY
STREET ADDRESS	7829 SURF DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	MCINTYRE, GERALD V.
STREET ADDRESS	640 WELLS ROAD
CITY-ST-ZIP	BUCHANAN GA
TITLE	D
NAME	PROTHERO, NOELLE
STREET ADDRESS	3018 AIRPORT RD.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	BLIZZARD, BARBARA
STREET ADDRESS	2933 LYNDA LANE
CITY-ST-ZIP	COLUMBUS GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 110.07(3)(b), 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: Paul A. Marshall 1/12/95 904-234-9882
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE TELEPHONE NUMBER