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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000065615 (5)**

1. Corporation Name

MOONDRIFTER REALTY, INC.



Principal Place of Business

Mailing Address

**8815 THOMAS DR
PANAMA CITY BEACH FL 32408**

**8815 THOMAS DR
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 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 **KATRINA M. EMANUEL**

82 Street Address (P.O. Box Number is Not Acceptable)
8815 THOMAS DRIVE

84 City **PANAMA CITY BEACH FL**

85 Zip Code **32408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Katrina Emanuel

4/13/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	MARSHALL, PAUL A.	1245 TAMARA CIRCLE	PENSACOLA FL	<input checked="" type="checkbox"/>
D	ROBISON, PEGGY	7829 SURF DRIVE	PANAMA CITY BEACH FL	<input checked="" type="checkbox"/>
D	MCINTYRE, GERALD V.	640 WELLS ROAD	BUCHANAN GA	<input checked="" type="checkbox"/>
D	PROTHERO, NOELLE	3016 AIRPORT RD.	PANAMA CITY FL	<input checked="" type="checkbox"/>
D	BLIZZARD, BARBARA	2933 LYNDA LANE	COLUMBUS GA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
P	KATRINA EMANUEL	3789 HOLMES VALLEY RD.	VERNON, FL.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BILL FIRMERY	4796 Dalhousie Place	Marietta, Ga. 30068	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SANDRA SULLIVAN	7985 Spartan Drive	Boardman, OH. 44512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JACK POWIS	8085 Briar Creek	Tallahassee, FL 32312	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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:

Katrina Emanuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 (904) 234-9882

CR2E034 (12/95)