FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **152559** **(1)**

1. Corporation Name

MOON JEWELRY COMPANY OF TALLAHASSEE FLORIDA, INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
536 N MONROE ST TALLAHASSEE FL 32301-1260	536 N MONROE ST TALLAHASSEE FL 32301-1260

3. Date Incorporated or Qualified: **10/06/1947**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-0582371** ☐ 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
HOFMEISTER, RACHAEL T. 4770 LAKELY DR. TALLAHASSEE FL 32303	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	Director	☐ Change ☐ Addition
NAME	THOMPSON, JO ANNE M	12 NAME	W. Joseph Thompson	
STREET ADDRESS	2580 OXBOTTOM RD	13 STREET ADDRESS	1288 Cart home	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	14 CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	PD	21 TITLE	Director	☐ Change ☐ Addition
NAME	THOMPSON, JAMES R., SR.	22 NAME	H. Durwood Thompson	
STREET ADDRESS	2580 OXBOTTOM RD	23 STREET ADDRESS	1836 McLeod Rd.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	24 CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	STD	31 TITLE		☐ Change ☑ Addition
NAME	HOFMEISTER, RACHAEL T.	32 NAME		
STREET ADDRESS	4770 LAKELY DR	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	James R Thompson Jr (Director)	41 TITLE		☐ Change ☐ Addition
NAME	2580 Oxbottom Rd	42 NAME		
STREET ADDRESS	Tallahassee FL 32312	43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE	Director	51 TITLE		☐ Change ☑ Addition
NAME	Walter L. Thompson	52 NAME		
STREET ADDRESS	3711 Tom John Lane	53 STREET ADDRESS		
CITY-ST-ZIP	Tallahassee FL 32308	54 CITY-ST-ZIP		
TITLE	Director	61 TITLE		☐ Change ☑ Addition
NAME	Kelly T. Hair	62 NAME		
STREET ADDRESS	6150 Bordeaux Dr	63 STREET ADDRESS		
CITY-ST-ZIP	Tallahassee FL 32312	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 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: [signature] See Draw 4/21/95 904-224-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026087 CP