

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **152559** (1)
1. Corporation Name
MOON JEWELRY COMPANY, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1947	3a. Date of Last Report 04/30/1996
21	119 E. Georgia St.	26	P.O. Box 1839	4. FEI Number 59-0582371	Applied For ☐ Not Applicable
22	Suite, Apt. #, etc. Suite # 7	27	Suite, Apt. #, etc. ---	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State Tallahassee FL	28	City & State Tallahassee FL	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Zip 32301	29	Zip 32302	30	Country USA
25	Country USA	31	Country ---	32	Country ---

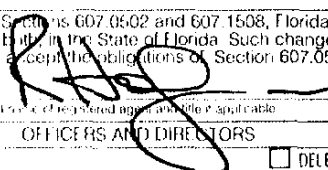
9. Name and Address of Current Registered Agent

**HOFMEISTER, RACHAEL T.
4770 LAKELY DR.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

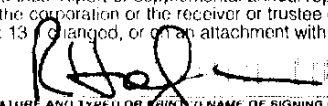
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: **2/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	THOMPSON, W. JOSEPH	1.2 NAME	JoAnne M. Thompson
STREET ADDRESS	1288 CARR LANE	1.3 STREET ADDRESS	2580 Oxbottom Rd
CITY-STATE-ZIP	TALLAHASSEE FL	1.4 CITY-STATE-ZIP	Tallahassee FL 32312
TITLE	D	2.1 TITLE	D
NAME	THOMPSON, H. DURWOOD	2.2 NAME	James R. Thompson (Sr)
STREET ADDRESS	2580 OXBOTTOM RD	2.3 STREET ADDRESS	2580 Oxbottom Rd
CITY-STATE-ZIP	TALLAHASSEE FL	2.4 CITY-STATE-ZIP	Tallahassee FL 32312
TITLE	STD	3.1 TITLE	
NAME	HOFMEISTER, RACHAEL T.	3.2 NAME	
STREET ADDRESS	4770 LAKELY DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	THOMPSON, JAMES R. J	4.2 NAME	
STREET ADDRESS	2580 OXBOTTOM RD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	
NAME	THOMPSON, LESTER L.	5.2 NAME	
STREET ADDRESS	3711 TOM JOHN LANE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	
NAME	HAIR, KELLY T.	6.2 NAME	
STREET ADDRESS	6150 BORDERLINE DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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, unchanged, or on an attachment with an address.

SIGNATURE:  DATE: **2/11/97**

CR2E034 (9/96)