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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

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

1. Corporation Name
MOON JEWELRY COMPANY, INC.

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: **04/30/1996**

2. Principal Place of Business	2a. Mailing Address
21 119 E. Georgia St.	26 P.O. Box 1839
Suite, Apt. # etc. 22 Suite #7	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip / Country 24 32301 / 25 USA	Zip / Country 29 32302 / 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: [signature] DATE: 2/11/97
Signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)

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

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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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #