

WALFLOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 10 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 # 209237 (7)

1. Corporation Name
MOON INVESTMENT COMPANY, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 1839~~
~~598 N. MONROE ST.~~
~~TALLAHASSEE FL 32302~~

~~P.O. BOX 1839~~
~~598 N. MONROE ST.~~
~~TALLAHASSEE FL 32302~~

2. Principal Place of Business

2a. Mailing Address

21 119 East Georgia St,
Suite, Apt. #, etc.

26 P.O. Box 1839
Suite, Apt. #, etc.

22 Suite 7

27

23 Tallahassee FL
City & State

28 Tallahassee FL
City & State

24 32301
Zip

29 32302-1839
Zip

25 USA
Country

30 USA
Country

9. Name and Address of Current Registered Agent

HOFMEISTER, RACHAEL T
~~598 NORTH MONROE~~
~~TALLAHASSEE FL 32302~~

~~P.O. Box 1839~~
~~Tallahassee FL~~
~~32302~~

3. Date Incorporated or Qualified

01/20/1958

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1111297

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**

10. Name and Address of New Registered Agent

81 Name

Rachael Hofmeister

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

119 E Georgia Street, Suite 47
Tallahassee FL 32301

83 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, typed or printed name of person, agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-----------|------------------------------|---------------------------|-----------------------|--------------------------|
| P | THOMPSON, JO ANNE M | 2580 OX BOTTOM RD. | TALLAHASSEE FL | <input type="checkbox"/> |
| ST | HOFMEISTER, RACHAEL T | 4770 LAKELY DRIVE | TALLAHASSEE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachael J. Hofmeister

2/19/97 (904) 224 9000

Daytime Phone #

CR2E034 (9/96)