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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:29

DOCUMENT # 295355

(2)

1. Corporation Name

MONI, INC.

Principal Place of Business

606 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33880

Mailing Address

606 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/20/1965

3a. Date of Last Report  
01/24/1994

4. FET Number  
59-1109973

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 § 193.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DAVIS, DENNIS G.  
223 NASSAU ROAD  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 (typed or printed name of registered agent and the registered office)

(If the registered agent is not the registered office, then the registered office must be stated.)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct and that my signature shall upon the return of this report after I am notified by the Department of State that I am an officer or director of the corporation or the number of members of the corporation to receive this report as required by Section 193.032, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DENNIS G. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/11/95

(813) 294-3254