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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

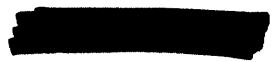
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F78113

-MOODY'S DEEP SEA FISHING, INC.

MOODY'S, Inc.

FILED May 06 1997 8:00am Secretary of State



22 Principal Place of Business 28 Mailing Address 4 FEI Number 59-22059 19 Suite, Apt #, etc. 5 Cartificate of Status Desired 5 Cartificate of Status	Date of Last Report /09/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2205919 Suite, Apt #, etc. 5 Cartificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2205919 Suite, Apt #, etc. 5 Cartificate of Status Decided	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Suite, Apt #, etc. Suite, Apt #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Suite, Apt #, etc. Suite, Apt #, etc.	Fee Required \$5.00 May Be Added to Fees
	\$5.00 May Be Added to Fees
22 27	Added to Fees
City & State City & State 6. Election Campaign Financing	
23 Trust Fund Contribution	
Zip Country Zip Country 8. This corporation has liability for intangible	e tax under s. 199.032,
24 25 29 30 Florida Statutes X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	
MOODY, THOMAS G., JR 81 Name	
104 Billy 06 E	
DESTIN FL 32541 Street Address (P.O. Box Number is Not Acceptable)	
DESTIN FL 32341	
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 th	a laboration its remistary
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 application from the purpose of the state of Florida agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as registered
S'GNATURE.	
Signature ligand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	D DIDEOTODO 41 40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TIRE	Change Addition
MOODY, THOMAS G. JR. 1.2 NAME	CT CHANGE CT VOORION
STREET ADDRESS 194 HWY 98 E. 1.3 STREET ADDRESS	
C-TY - ST-70P DESTIN FL 32541 1.4 CITY - ST-21P	
THE ST DELETE 2.1 TILE	Change Addition
NAME MOODY, CAROL J 22 NAME 1	Consulta Consulta
STREET ADDRESS 194 HWY 98 E 2.3 STREET ADDRESS	
CITY - ST - ZIP DESTIN FL 2.4 CITY - ST - ZIP	
TILE DELETE 3.1 TITLE	Change Addition
NAM: 3.2 NAME	-
STREET ADDRESS	
CHY-S1-ZP 3.4 CHY-S1-ZP	
DIEF 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	,
CITY STUZIE 4.4 CITY-ST-ZIP	1 , 1
DELETE 5.1 TITLE	Change Iddition
NAMI 5.2 NAME	5/1/67
STREET ADDRESS 5.3 STREET ADDRESS	40114
CHY ST-7P 54 CITY-ST-2IP	<u>/ </u>
THE DELETE 6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 62 NAME 5000021792 63 STREET ADDRESS -05/15/97010080	53
STREET ADDRESS -05/15/97010080	11
CHY-SI-2# 64 CHY-SI-2IP cy: ***165.00	

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 and cated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a n 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.