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May 06 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F78113

(0)

1. Corporation Name

~~MOODY'S DEEP SEA FISHING, INC.~~

MOODY'S, Inc.

N/C 11/25/96

Principal Place of Business

194 HWY 98 E.  
P O BOX 68  
DESTIN FL 32540

Mailing Address

194 HWY 98 E.  
P O BOX 68  
DESTIN FL 32540-0068

3. Date Incorporated or Qualified

04/28/1982

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, THOMAS G., JR  
194 HWY 98 E.  
DESTIN FL 32541

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | P                    | 1.1 TITLE   |  |
| NAME                       | MOODY, THOMAS G. JR. | 1.2 NAME  |  |
| STREET ADDRESS             | 194 HWY 98 E.        | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DESTIN FL 32541      | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | ST                   | 2.1 TITLE   |  |
| NAME                       | MOODY, CAROL J       | 2.2 NAME  |  |
| STREET ADDRESS             | 194 HWY 98 E         | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DESTIN FL            | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 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 included 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: Carol J. Moody  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

904-837-1293

CR2E034 (9/96)