FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H83510** **(8)**

1. Corporation Name
MOON'S SEAFOOD COMPANY

Principal Place of Business	Mailing Address
602 GLEN CHEEK DR PORT CANAVERAL FL 32920 US	602 GLEN CHEEK DR PORT CANAVERAL FL 32920 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/31/1985**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21: 650 AZALEA Ave
Suite, Apt. #, etc. 22:
City & State 23: MERRITT Is FL
Zip 24: 32952 Country 25:

2a. Mailing Address
26: 650 Azalea
Suite, Apt. #, etc. 27:
City & State 28: MERRITT Is FL
Zip 29: 32952 Country 30:

4. FEI Number: **59-2598155** ☐ 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

MOON, JAY DEE
523 ELLIOTT DR.
MERRITT ISLAND FL 32952

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: Jay Dee Moon (Jay Dee Moon) President 3-29-95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MOON, JAY DEE	12 NAME	
STREET ADDRESS	523 ELLIOTT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MOON, MARILYN M.	22 NAME	
STREET ADDRESS	523 ELLIOTT DR.	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MOON, PEGGY	32 NAME	
STREET ADDRESS	5503 BRYANT PL	33 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jay Dee Moon (Jay Dee Moon) 3-29-95 407-45-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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COR2R1 CP