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

FILED PROFIT Feb 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J44291 (9)TEN MOONS CORPORATION Principal Place of Business Mailing Address 11683 RIVERHAVEN DRIVE. PO BOX 4553 HOMOSASSA FL 32646 HOMOSASSA SPRINGS FL 34447 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2744862 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes □ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARDEE, HERBERT E. PO BOX 4553 82 Street Address (P.O. Box Number is Not Acceptable) HOMOSASSA SPRINS FL 34447 83 84 City Zip Code 85 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 Lorida. 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition HARDEE, HERBERT E. NAME 1.2 NAME 11663 RIVERHAVEN DR STREET ADDRESS 1.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE HARDER, GREG 7081 GLADE TRAIL NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 🔲 DELETE Change Addition 3.1 TATLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition HARDEE GREG NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 17467 LA BRISA CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE RANCHO SANTA FE 5.1 TITLE Change Addition NAME 5.2 NAME 93867 STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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:

-5-9K (RIZ) 967933K