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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K71570** **(1)**

1. Corporation Name
MARRY L. MOON, P.A.

Principal Place of Business	Mailing Address
6455 CEDARBROOK DR. PINELLAS PARK FL 34666	6455 CEDARBROOK DR. PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2936641	☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2413 Boyshore Blvd	26 2413 Boyshore Blvd
Suite, Apt. #, etc. 22 Unit 206	Suite, Apt. #, etc 27 Unit 206
City & State 23 Tampa, Fl	City & State 28 Tampa Fl
Zip 24 33629 Country 25 Hillsborough	Zip 29 33629 Country 30 Hillsborough

9. Name and Address of Current Registered Agent

MOON, MARY L.
6455 CEDARBROOK DRIVE
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name: Moon, Mary L
82 Street Address (P.O. Box Number is Not Acceptable): 2413 Boyshore Blvd Unit 206
83
84 City: Tampa FL 85 Zip Code: 33629

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☑ Change ☐ Addition
NAME	MOON, MARY L.	12 NAME	
STREET ADDRESS	6455 CEDARBROOK DR.	13 STREET ADDRESS	2413 Boyshore Blvd. Unit 206
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY ST ZIP	Tampa, Florida 33629-7333
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MOON, MARY L.	22 NAME	
STREET ADDRESS	6455 CEDARBROOK DR.	23 STREET ADDRESS	2413 Boyshore Blvd Unit 206
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY ST ZIP	Tampa, Florida 33629-7333
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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)(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: Mary L Moon 2-20-95 813-254-0112
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Telephone Number
Mary L Moon

0375104 CP