

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P10178 (2)
1. Corporation Name
P.F. MOON AND COMPANY, INC.

Principal Place of Business
2207 HWY 103
P.O. BOX 346
WEST POINT GA 31833

Mailing Address
2207 HWY 103
P.O. BOX 346
WEST POINT GA 31833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/21/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-1343666	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				8. Election Campaign Financing Trust Fund Contribution	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	MOON, PHILLIP F.	1.2 NAME	
STREET ADDRESS	5400 COUNTY RD 222	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANETT AL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	MOON, JANE H.	2.2 NAME	
STREET ADDRESS	5400 COUNTY RD 222	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANETT AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOON, DAVID F.	3.2 NAME	
STREET ADDRESS	1706 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANETT AL	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	

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 _____ PRESIDENT 03/05/98 (706) 612-1521

CR2E034 (10/97)