

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056107 (4)

1. Corporation Name

HARVEST MOON, INC.



Principal Place of Business

**10035 GULF BLVD
TREASURE ISLAND FL 33706
US**

Mailing Address

**10035 GULF BLVD
TREASURE ISLAND FL 33706
US**

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4618 27th Ave S.

26 4618 27th Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GULFPORT FL

City & State

28 GULFPORT FL

Zip

24 33711

Country

25 U.S.A

Zip

29 33711

Country

30 U.S.A

4. FEI Number

65-0432480

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

**MARTIN E. WASHOFSKY, E.A., P.A.
1803 S AUSTRALIAN AVE
SUITE A
WEST PALM BEACH FL 33409**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MCCAUGHAN, RONALD**
STREET ADDRESS **10035 GULF BLVD**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **DS** ☐ DELETE
NAME **MCCAUGHAN, HARRIET**
STREET ADDRESS **10035 GULF BLVD**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **4618 27th Ave S**
14 CITY-ST-ZIP **GULFPORT FL 33711**

2.1 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **4618 27th Ave S**
24 CITY-ST-ZIP **GULFPORT FL 33711**

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RON D. MCCAUGHAN

4/17/96

813 323-6780

CR2E034 (12/95)