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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
4618 27TH AVENUE SOUTH  
GULFPORT FL 33711  
US

Mailing Address  
4618 27TH AVENUE SOUTH  
GULFPORT FL 33711-3704  
US

3. Date Incorporated or Qualified  
08/06/1993

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business  
21 2790 45th St S  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2790 45th St S  
Suite, Apt. #, etc.

4. FEI Number  
65-0432480

Applied For  
Not Applicable

22 City & State  
23 GULFPORT FL  
Zip Country

27 City & State  
28 GULFPORT FL  
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 33711 25 US

29 33711 30 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
Ronald D. McCaughan  
82 Street Address (P.O. Box Number is Not Acceptable)  
2790 45th St. S.  
83  
84 City  
Gulfport FL 85 Zip Code  
33711

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

(NOTE: Registered Agent signature required when reinstating)

MARCH 1/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME MCCAUGHAN, RONALD  
STREET ADDRESS 4818 27TH AVENUE SOUTH  
CITY-ST-ZIP GULFPORT FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME D, P  
1.3 STREET ADDRESS Ronald D. McCaughan  
1.4 CITY-ST-ZIP 2790 45th St. S. 33711

TITLE DS ☐ DELETE  
NAME MCCAUGHAN, HARRIET  
STREET ADDRESS 4618 27TH AVENUE SOUTH  
CITY-ST-ZIP GULFPORT FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME D Harriet McCaughan  
2.3 STREET ADDRESS 2790 45th St. S.  
2.4 CITY-ST-ZIP Gulfport, FL 33711

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: RONALD D. MCCAUGHAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1/97 (813) 323-6780  
Date Daytime Phone

CR2E034 (9/96)