FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:39

DOCUMENT # P93000072258 (5)

1. Corporation Name
MOONSPINNER RENTAL & SALES, INC.

Principal Place of Business	Mailing Address
4425 THOMAS DRIVE PANAMA CITY BEACH FL 32408	4425 THOMAS DRIVE PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3208714 ☐ 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	10. Name and Address of New Registered Agent
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	BABB, JACK	1.2 NAME		
STREET ADDRESS	P O BOX 351 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	RINGGOLD GA	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	EARHUFF, MAJEL	2.2 NAME		
STREET ADDRESS	3467 KILKARE CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY WI 54830	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	FARMER, BOYD	3.2 NAME	Farmer, Boyd	
STREET ADDRESS	3576 HIGH GREEN DR.	3.3 STREET ADDRESS	4425 Thomas Drive - 504 Unit	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	D	4.1 TITLE	D Asst Treasury	☒ Change ☐ Addition
NAME	LEONARD, WILLIAM	4.2 NAME	DeSantis, Helen	
STREET ADDRESS	28894 KILKARE ROAD	4.3 STREET ADDRESS	4425 Thomas Drive - Unit 101	
CITY-ST-ZIP	DANBURY WI 54830	4.4 CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ROBERT	5.2 NAME		
STREET ADDRESS	4425 THOMAS DR., OFFICE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	PATRONIS, JIMMY	6.2 NAME		
STREET ADDRESS	5551 N. LAGOON DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CTY. BCH. FL	6.4 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: Robert Moore 1-25-95 904 234-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Moore

0091873 CP