

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042751 (5)

1. Corporation Name

MOONLIGHT AND MAGNOLIAS A MAGNOLIA GIRL COMPANY



Principal Place of Business

Mailing Address

283 OAK AVENUE
NAPLES FL 33963

283 OAK AVENUE
NAPLES FL 33963

526 94th Ave N
Naples, FL 33963

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0493702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, CAT
283 OAK AVENUE
NAPLES FL 33963

526 94th Ave N
Naples, FL 33963

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 of the person named in Block 9 and the applicable

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STEVENS, CAT
STREET ADDRESS 283 OAK AVE
CITY - ST - ZIP NAPLES FL

☐ DELETE

526 94th Ave N
Naples, FL 33963

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

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Change

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96 941-597-4490
Date Telephone #

CR2E034 (3/96)