

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 # P94000049837 (5)

1. Corporation Name

BLUE MOON ART STUDIOS, INC.



Principal Place of Business

3616 HARDEN BLVD
#172
LAKELAND FL 33803

Mailing Address

3616 HARDEN BLVD
#172
LAKELAND FL 33803

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/25/1995

4. FEI Number

59-3250977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

COLLE, SARAH M
5024 WOODGREEN LN
LAKELAND FL 33811

81 Name

COLLE, SARAH M

82 Street Address (P.O. Box Number is Not Acceptable)

4045 HOLLYHEAD CIRCLE No.

83 City

LAKELAND

84 State

FL

85 Zip Code

33811

11. Pursuant to the provisions of Sections 607.0532 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, s. 607.1508, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to act as agent

Signature of registered agent or person authorized to act as agent

DATE

7-24-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
COLLE, SARAH M
5024 WOODGREEN LN
LAKELAND FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COLLE, BRUCE J.
5024 WOODGREEN LN
LAKELAND FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PSD
COLLE, SARAH M.
4045 HOLLYHEAD CIRCLE No.
LAKELAND FL. 33811

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
TD
COLLE, BRUCE J.
4045 HOLLYHEAD CIRCLE No.
LAKELAND, FL. 33811

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-96

DATE

CR2E034 (12/95)