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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 SEP -2 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 33803-5938

3. Date Incorporated or Qualified  
06/30/1994

3a. Date of Last Report  
07/30/1996

2. Principal Place of Business

21 3616 HARDEN BLVD.

Suite, Apt. #, etc.

22 #172

City & State

23 LAKE LAND, FL

Zip

24 33803

Country

25 US

2a. Mailing Address

26 3616 HARDEN BLVD

Suite, Apt. #, etc.

27 #172

City & State

28 LAKE LAND, FL

Zip

29 33803

Country

30 USA.

4. FEI Number  
59-3250977

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

COLLE, SARAH M  
4045 HOLLYHEAD CIRCLE, N.  
LAKELAND FL 33811

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 PSD ☐ DELETE

NAME COLLE, SARAH M  
STREET ADDRESS 4045 HOLLYHEAD CIRCLE, N.  
CITY-ST-ZIP LAKELAND FL

TITLE TD ☒ DELETE

NAME COLLE, BRUCE J  
STREET ADDRESS 4045 HOLLYHEAD CIRCLE, N.  
CITY-ST-ZIP LAKELAND 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

8-4-97

9/11/97

CR2E034 (9/96)