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Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057604 (8)

1. Corporation Name

BLUE MOON ENTERPRISES, INC.

Principal Place of Business

PO BOX 5211  
PALM HARBOR FL 34684  
US

Mailing Address

P O BOX 5211  
PALM HARBOR FL 34684  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

59-3265391

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 PO BOX 6131

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 PO BOX 6131

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LIROT, DOLAN  
112 EAST STREET, SUITES  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Sandra Masters

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

2327 Woodbend Circle

83

84 City

New Port Richey

FL

85 Zip Code

34655

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 ☐ DELETE

NAME P  
STREET ADDRESS GLUCK, MARTIN  
CITY-ST-ZIP 3287 COBBS DR.  
PALM HARBOR FL

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS GLUCK, GERALD  
CITY-ST-ZIP 2379 GUN FLINT TRAIL  
PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME SEC  
STREET ADDRESS MASTER, SANDRA  
CITY-ST-ZIP 2327 WOODBEND CIRCLE  
NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

Sandra Masters

4/13/98 9667

CR2E034 (10/97)