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 # **P94000073270 (8)**

1. Corporation Name

JIM MOON, INC.

Principal Place of Business	Mailing Address
4142 LAKE FOREST LANE **MOUNT DORA FL 32757**	**4142 LAKE FOREST LANE** **MOUNT DORA FL 32757**

3. Date Incorporated or Qualified: **09/30/1994**	3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-3272346**	☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City, State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City, State (28) / Zip (29) / County (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES, INC.
489 W. MINNEHAHA AVE.
CLERMONT FL 34711

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 Section 607.0501 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 other 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 _____

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MOON, JAMES M**
STREET ADDRESS **4142 LAKE FOREST LANE**
CITY-ST-ZIP **MOUNT DORA FL**
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 above, or on an attachment with an blank, if any.

SIGNATURE: James M. Moon 1-19-96 (352) 383-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)