

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000080001 (8)

1. Corporation Name  
MOOOSH, INC.



Principal Place of Business

Mailing Address

5400 E BUS HWY 98  
PARKER FL 32404  
US

5400 E BUS HWY 98  
PARKER FL 32404  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 10250

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

32404

30

US

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELFERT, AMY M  
7544 SHADOW BAY DR  
CALLAWAY FL 32404-2410

81 Name  
RONDELLE S. DICKEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
606 NAUTILUS DRIVE  
83 ST. JOE BEACH  
84 City  
85 Zip Code  
FL 32456

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 *Rondelle S. Dickey*

RONDELLE S. DICKEY

9/14/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME  
HELFERT, AMY M  
STREET ADDRESS  
7544 SHADOW BAY DR  
CITY-ST-ZIP  
CALLAWAY FL

1.2 NAME  
P/T/M/D  
1.3 STREET ADDRESS  
RONDELLE S. DICKEY  
1.4 CITY-ST-ZIP  
606 NAUTILUS DRIVE  
ST. JOE BEACH FL 32456

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME  
HELFERT, STEPHANIE M  
STREET ADDRESS  
7544 SHADOW BAR DR  
CITY-ST-ZIP  
CALLAWAY FL

2.2 NAME  
V/D/M  
2.3 STREET ADDRESS  
GRADY SCHMIDT  
2.4 CITY-ST-ZIP  
4108 SUE LANE  
SPRINGFIELD FL 32404

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
S/D  
3.3 STREET ADDRESS  
RICK ARAGON, SR.  
3.4 CITY-ST-ZIP  
7009 BENTON DRIVE  
CALLAWAY FL 32404

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

CR2E034 (4/97)