SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000092507 (9)**

1. Corporation Name

MOONDOG VENTURES, INC.

Principal Place of Business

100 NORTH TAMPA STREET
SUITE 1800
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET
SUITE 1800
TAMPA FL 33602

3. Date Incorporated or Qualified: 12/05/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6216 W. CORPORATE OAKS DR
Suite, Apt # etc
22
City & State
23 CRYSTAL RIVER, FL
Zip 24 34429 Country 25 USA

2a. Mailing Address
26 6216 W. CORPORATE OAKS DR
Suite, Apt #, etc
27
City & State
28 CRYSTAL RIVER, FL
Zip 29 34429 Country 30 U.S.A

4. FEI Number: 59-3353794 ☐ 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

SHASTEEN, PHILIP M
100 NORTH TAMPA ST.
SUITE 1800
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: ADAM ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable): 6216 W. CORPORATE OAKS DR
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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: Adam Anthony 8/6/96
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	D	☐ DELETE
NAME	ANTHONY, ADAM V	
STREET ADDRESS	16465 HENDERSON PASS #1132	
CITY-ST-ZIP	SAN ANTONIO TX 78232	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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	ANTHONY, ADAM V	
1.3 STREET ADDRESS	6216 W. CORPORATE OAKS DR	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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		

CR2E034 (3/96)

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adam Anthony 8/6/96 (352) 564-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #