FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2a. Mailing Address

12240 BEAVER RUN DRIVE

Jacksonville fl **32225-4**517

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

12240 BEAVER RUN DRIVE JACKSONVILLE FL 32225

2. Principal Place of Business

appears in Block

SIGNATUR

P96000049192 (3) **DOCUMENT #**

BLUE MOON MARKETING & PROMOTIONS, INC.

Not Applicable 21 26 59-3382653 Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζ̈́ір Country Country Zip B. This corporation has liability for intangible tax under s. 199.032, 30 🙀 Yes 🗌 No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROYER, CAROL A Name 12240 BEAVER RUN DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 ВЗ 84 City 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 affice 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. SIGNATURI (NOTE: Registered Agent signature required when reinstating) Signal 4: hypodical printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS DELETE Change 1.1 TITLE THUE P/D 1.2 NAME NAME Carol Royer 1.3 STREET ADDRESS STREET ADDRESS 12240 Beaver Run Drive Jacksonville, FL 32225 Change 1.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE TILLE 22 NAME NAME STREET ACCORES 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAMÉ 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY ST 34. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CH1y - S1 - 2iF DELETE Addition TRUE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP COTY-ST ZIP DELETE Change Addition THUE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 City-St-7iP 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 his 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 differ corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if a life of a large of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. Loo hereby certify that The information indicat

[[] [] Royer/President 4

May 28 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For



3. Date Incorporated or Qualified 06/07/1996 4. FEI Number