


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

FILED

Feb 05 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000052937 (4)

1. Corporation Name

BLUE MOON SECURITY SERVICES, INC.

Principal Place of Business

9204 BELL RIDGE DRIVE
PENSACOLA FL 32526

Mailing Address

9204 BELL RIDGE DRIVE
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1997

4. FEI Number

59-3451144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 9270 Univ Pkwy
Suite, Apt. #, etc.

26 P.O. Box 30045
Suite, Apt. #, etc.

22 Suite 103

27

City & State

City & State

23 Pensacola, Florida

28 Pensacola, Florida

Zip Country

Zip Country

24 32514

25 USA

29 32503-1045 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACHANCE, MICHAEL T
9204 BELL RIDGE DRIVE
PENSACOLA FL 32526

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/19/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LACHANCE, MICHAEL T | |
| STREET ADDRESS | 9204 BELL RIDGE DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BARKER, JERRY W | |
| STREET ADDRESS | 185 ANDALUSIA DRIVE | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LA CHANCE, AVA L. | |
| 1.3 STREET ADDRESS | 9204 Bell Ridge Dr | |
| 1.4 CITY-ST-ZIP | Pensacola, Florida 32526 | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(f), 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 addition with an address.

SIGNATURE: Michael T. LaChance President 1/19/98

8504 473-1911

CR2E034 (10/97)