

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995 		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 11 PM 3:38	
DOCUMENT # S55464 (9) 1. Corporation Name MOONLIGHT NURSERY, INC.					
Principal Place of Business			Mailing Address		
18735 SW 218 ST. MIAMI FL 33170			18735 SW 218 ST. MIAMI FL 33170		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/23/1991	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip Country		28 Zip Country		07/22/1994	
24		29		4. FEI Number	
				65-0323877	
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			10. Name and Address of New Registered Agent		
MOORE, GIRARD W., III 18735 SW 218 ST. MIAMI FL 33170			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 _____ DATE _____					
(NOTE: Registered Agent signature required when re-registering)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT		1.1 TITLE	☐ Change ☐ Addition	
NAME	MOORE, GIRARD W., III		1.2 NAME		
STREET ADDRESS	18735 SW 218 ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	DVS		2.1 TITLE	☐ Change ☐ Addition	
NAME	MOORE, GAIL R.		2.2 NAME		
STREET ADDRESS	18735 SW 218 ST.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP		
TITLE			3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE			4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE			5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
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)(d), 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.					
SIGNATURE: <u>Girard W. Moore III</u> PRES GIRARD W. MOORE III PRES 1/10/95 (305)2477943					