FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01459 (9)

1. Corporation Name
MOON LAKE, INC.

Principal Place of Business	Mailing Address
2180 WEST FIRST STREET FT. MYERS FL 33901	2180 WEST FIRST ST. SUITE 209 FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0301093	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 2180 WEST FIRST ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 500
City & State 23	City & State 28 FORT MYERS FL
Zip 24 / County 25	Zip 29 33901 / Country 30 US

9. Name and Address of Current Registered Agent

BEYER, DAVID A.
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 (Signature of new registered agent, if appointed) (Name of Registered Agent typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BINDER, BURTON A.	12 NAME	
STREET ADDRESS	5026 ECLIPSE CT.	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	~~LICKLEY, MICHAEL E.~~	22 NAME	RICHARD G. COUCH
STREET ADDRESS	~~2180 WEST FIRST ST.~~	23 STREET ADDRESS	2180 WEST FIRST ST
CITY ST ZIP	~~FT. MYERS FL~~ DELETE	24 CITY ST ZIP	FORT MYERS FL 33901
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 electronic 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 11 or Block 12 above, for the entity named with an address.

SIGNATURE: RICHARD G COUCH, DIRECTOR 04/28/95 813/337-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

03102015 CR