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

29

PROFIT CORPORATION ANNUAL REPORT

1997

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 586081

(2)

A SUPERIOR MOVING & STORAGE, INC.

Country

9. Name and Address of Current Registered Agent

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JENKINS, WILLIAM D. 627 ANCHORS ST.

FT. WALTON BCH FL 32548

Principal Place of Business	Mailing Address					
627 ANCHORS ST. P.O. BOX 2349 FT. WALTON BCH FL 32548	627 ANCHORS ST. P.O. BOX 2349 FT. WALTON BCH FL 32548-3803					
		3. Date Incorporated or Qualified 09/08/1978	3a. Date of Last Report 04/30/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
21	26	59-2145635	Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			

Country

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City

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office or r	to the provisions of Sections 607,0502 and 607,1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	norized by the con-	corporation submits this statement for the poration's board of directors. Fhereby ac	ie purpose of changing it cept the appointment as	s registered registered	
SIGNATURE	The second state of the second	551.5505, 110HG	a candida.				
SIGNATORE	Signature, typed or printed harms of registrated a print and altert applicable	(NOTE IS	egislered Agen; tignature	required when remistaling)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		DELETE	11 WILE	アVS	Change	Addition	
NAME	Jenkins, William D		1.2 NAME	JENKINS William	D .		
STREET ADDRESS	629 SEAVIEW DRIVE		1.3 STREET ADDRESS	627 ANCHORS ST			
CITY-ST-ZIP	DESTIN, FL 00000		1.4 CITY- ST- ZIP	JENKIUS, WILLIAM 627 ANCHORS ST FT. WALTON BOACH	FC 32548		
TITLE		DULLIE	2.1 THE		Change	Addition	
NAME			2.2 NAM(
STREET ADDRESS			23 STREET ADDRESS			!	
CITY-ST-ZIP			2 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 THLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY+ST-ZIP			3.4 CHY-ST-ZIP				
TITLE		DELETE	4.1 11TEF		☐ Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 Ci1Y+S1-ZIP				
TITLE		□ DELETE	51 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-Z#P			5.4 CITY - S1 - ZIP				
TITLE		DELETE	61 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
A(T) AT 41D			0.4.0431/ 07 780				

14. I do hereby certify that the 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 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/II changed, or on an attachment with an address.

FILED

Feb 10 1997 8:00am

Secretary of State

8. This corporation has liability for intangible tax under s. 199.032.

10. Name and Address of New Registered Agent

Yes No

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Added to Fees

Zip Code

Applied For Not Applicable