

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

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 655245 (9)
1. Corporation Name
DAYTONA MOVING & STORAGE, INC.



Principal Place of Business 1640 MASON AVENUE DAYTONA BEACH FL 32117-4547	Mailing Address 1640 MASON AVENUE DAYTONA BEACH FL 32117-4547
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/06/1980	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FFI Number 59-1965439	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEREDITH, FRED L
1640 MASON AVENUE
DAYTONA BEACH FL 32020**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEREDITH, FRED	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAMLIN, KENDALL W.	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BARNES, DAVID	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BCH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNELL III, JAMES C.	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARK BEGAL	
13 STREET ADDRESS	1640 MASON AVE	
14 CITY-ST-ZIP	DAYTONA BEACH, FL	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CHARLES GAVETT	
23 STREET ADDRESS	1640 MASON AVE	
24 CITY-ST-ZIP	DAYTONA BEACH, FL	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PEGGY MITCHELL	
33 STREET ADDRESS	1640 MASON AVE	
34 CITY-ST-ZIP	DAYTONA BEACH, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 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: *P. M. Mitchell* 4/20/97 (900) 274-5000

CR2E034 (9/96)