

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

FILED

**Apr 22 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 # 692925
 1. Corporation Name
LARUE HOUSE MOVERS AND SONS, INC.

Principal Place of Business 5433 HWY 17 South Green Cove Springs, FL 32043	Mailing Address 5433 HWY 17 South Green Cove Springs, FL 32043
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06-30-1981	3a. Date of Last Report 05-01-96
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2116972	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	7. 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 Philip L. LaRue 1123 St. Johns Avenue Green Cove Springs, FL 32043		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LaRue, Philip L.		1.2 NAME	
STREET ADDRESS 1123 St. Johns Avenue		1.3 STREET ADDRESS	
CITY - ST - ZIP Green Cove Springs, FL 32043		1.4 CITY - ST - ZIP	
TITLE Secretary/Treasurer	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LaRue, Mildred		2.2 NAME	
STREET ADDRESS 1123 St. Johns Avenue		2.3 STREET ADDRESS	
CITY - ST - ZIP Green Cove Springs, FL 32043		2.4 CITY - ST - ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LaRue, Timothy		3.2 NAME	
STREET ADDRESS 3632 B. E. Starling Road		3.3 STREET ADDRESS	
CITY - ST - ZIP Green Cove Springs, FL 32043		3.4 CITY - ST - ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LaRue, Lewis		4.2 NAME	
STREET ADDRESS 2010 Woods Road		4.3 STREET ADDRESS	
CITY - ST - ZIP Green Cove Springs, FL 32043		4.4 CITY - ST - ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LaRue, Lawrence P.		5.2 NAME	
STREET ADDRESS 315 South Vermont Street		5.3 STREET ADDRESS	
CITY - ST - ZIP Green Cove Springs, FL 32043		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: Timothy R. LaRue Tammy R. LaRue/Vice-President 4-18-97 904-284-3317
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)