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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

LARLE HOUSE MOVERS AND SONS, INC.

Principal Place of Business	Mailir

5433 HWY 17 South Green Cove Sorings, FL 32043 Mailing Address

5433 HWY 17 South

## **FILED** Apr 22 1997 8:00am Secretary of State

					3. Date Incorporated or Qualified	ſ	e of Last F		
					06-30-1981	<u> </u>	<u>5-01-96</u>		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		<del></del>	pplied For	
21		26			59-2116972			ot Applicabl	
— Suite Ab ⊡	r # etc	Suite, Apt. #, etc.		ļ	5. Certificate of Status Desired			Additional equired	
2 City & Sta	a'r:	City & State			6. Election Campaign Financing	······································	<del></del>	<del>`</del>	
3		28		]	Trust Fund Contribution			May Be to Fees	
Žφ	Country	Zip	Country		8. This corporation has liability for	intangible t			
4	25	29	30	ſ		Yes [			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent		
Phili	lp L. LaRue		[81] Na	me					
1123 St. Johns Avenue Green Cove Springs, FL 32043				92 Street Address (D.O. Boy Nigoboy to Mat Assessation)					
				2 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			121				1-21 2	<del></del>	
			84 City	у		FL	85   Zip	Code	
11. Pursuan	nt to the provisions of Sections 607 050	2 and 607, 1508, Florida Statu	tes, the above-nar	ned corpora	ation submits this statement for the	ourpose of	changing i	ts registere	
agen: i SIGNATURE	rregistered agent, or both, in the State am familiar with, and accept the obliga		iorioa Statutes.						
	Scale is Typed or or-don table of registered age		TE: Registered Agent sign	ature required	· · · · · · · · · · · · · · · · · · ·	DATE			
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC				
1.111	President	DELETE	1.1 TITLE	)		ļ	Change	Addit:o	
HAM!	LaRue, Phillip L.		1.2 NAME	}					
STREET ADDRESS			1.3 STREET ADDRE	SS					
CHT ST 76P	Green Cove Springs, FL	32043	14 CITY-ST-ZIP						
TITLE	Secretary/Treasurer	☐ DELETE						L   Additio	
		C Deterie	2.1 TITLE	ł			Change		
NAM	LaRue, Mildred	C Otten	2.2 NAME				Change		
	IaRue, Mildred 1123 St. Johns Avenue	<u></u>	•	ESS		l	LJ Change		
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Tammy R. LaRue/Vice-President 4-18-97 904-284-3317