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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90193 010 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1981

4. FEI Number
59-2116972

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**LARUE, PHILIP L.
 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 _____ 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 DELETE

NAME **P LARUE, PHILIP L.**

STREET ADDRESS **1123 ST. JOHNS AVE**

CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE DELETE

NAME **ST LARUE, MILDRED**

STREET ADDRESS **1123 ST. JOHNS AVE**

CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE DELETE

NAME **VP LARUE, TIMOTHY**

STREET ADDRESS **3832 B.E. STRARLING RD.**

CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE DELETE

NAME **VP LARUE, LEWIS**

STREET ADDRESS **2010 WOODS ROAD**

CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE DELETE

NAME **VP LARUE, LAWRENCE**

STREET ADDRESS **315 SOUTH VERMONT STREET**

CITY-ST-ZIP **GREEN COVE SPRGS. FL 32043**

TITLE DELETE

NAME **VP LARUE, TAMMY R**

STREET ADDRESS **315 SOUTH VERMONT STREET**

CITY-ST-ZIP **GREEN COVE SPRGS. FL 32043**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-29-99 904-284-3317

CR2E034 (1/98)