5-14-97 B-7514 C

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747118** **(8)**

1. Corporation Name

FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
335 BEARD STREET TALLAHASSEE FL 32303 US	335 BEARD STREET TALLAHASSEE FL 32303-6227 US

3. Date Incorporated or Qualified: **05/08/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1915268** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIS, ROBERT C.
335 BEARD ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Carvajal, Antonio
82 Street Address (P.O. Box Number is Not Acceptable): 335 Beard Street
83:
84 City: Tallahassee **FL** 85 Zip Code: 32303

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BAKER, BIFF		1.2 NAME	Vemay, Kelly	
STREET ADDRESS	251 10TH ST. NORTH		1.3 STREET ADDRESS	5674 Enterprise Parkway	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	CHASE, DON		2.2 NAME		
STREET ADDRESS	5249 L/B/ MCLEOD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, IAN		3.2 NAME		
STREET ADDRESS	1900 OLD OKEECHOBEE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MYERS, JIM		4.2 NAME		
STREET ADDRESS	5266 HIGHWAY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	ARNOFF, MARK		5.2 NAME		
STREET ADDRESS	3820 S FEDERAL HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	C	☒ Change ☐ Addition
NAME	VANDROFF, JAY		6.2 NAME		
STREET ADDRESS	1590 E. AVENUE N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Jay Vandroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007502