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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F90900

1. Corporation					
MINORCAN MOVING AND STORAGE, INC.					
Principal Place	of Business	Mailing Address			
AND MARKET OF					
1324 MATTIE ST. 1324 MATTIE ST. ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084					
US US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				07/15/1982	
Principal Place of Business 2a. Mailir		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2214595	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		27			
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution	
Zip	Country	Žip	Country	This corporation owes the current year Personal Property Tax.	Yes ANO
24	25	29 30	<u>'</u>	10. Name and Address of New Registere	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Hallo alla Madicos C. Herritage	
BAKER, ROBERT GEORGE, II					
1324 MATTIE ST.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32084			83	- Beach	
51. AUGUSTINE FL 32004			"	The state of the s	
			84 City	F	85 Zip Code
		1 007 4500 Florida Ctatutas	the above nemed on		of changing its registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was auth	norized by the corpora	propration submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familial with, and accept the obliga	itions of, Section 607.0505; Florida	a Statutes.		
SIGNATURE	Kolund Bo	- VPVP 1 1221	egistered Agent signature requ	DATE	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DP	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
	=	_	1.2 NAME		
NAME	BAKER II, ROBERT GEORGE		1.3 STREET ADDRESS		
STREET ADDRESS	1324 MATTIE ST.		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	ST CHIZANNE B		2.2 NAME		
NAME	BAKER, SUZANNE B.		2.3 STREET ADDRESS		
STREET ADDRESS	1324 MATTIE ST.				
CITY-ST-ZIP	ST. AUGUSTINE FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	 	Change Addition
TITLE			3.2 NAME		
NAME	·		3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4. 2 NAME	•	- -
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CtTY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		<u> </u>
NAME		•	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME			U.Z POWIL		

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 adaptes. With all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90053 039 ***150.00