

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005367 (7)**

1. Corporation Name

**COLEMAN AMERICAN MOVING SERVICES, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 1568  
DOTHAN AL 36302

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DOTHAN AL 36302

3. Date Incorporated or Qualified **10/17/1994** 3a. Date of Last Report **01/23/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **63-0419836** Applied For  Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, JAMES F  
2200 EAST 13TH STREET  
PANAMA CITY FL 32402**

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 607.0002 and 607.1506, 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 607.0006, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, PATRICK B</b>	
STREET ADDRESS	<b>2909 BRIARCLIFF ROAD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, JAMES F</b>	
STREET ADDRESS	<b>4155 BEACHSIDE ONE</b>	
CITY-STATE-ZIP	<b>DESTIN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLEMAN, DOUGLAS M</b>	
STREET ADDRESS	<b>419 HOMESTEAD DRIVE</b>	
CITY-STATE-ZIP	<b>LAWRENCE KS</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>RONEY, RUFUS E</b>	
STREET ADDRESS	<b>100 SHADOWWOOD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CUNDITH, RICHARD E</b>	
STREET ADDRESS	<b>1506 MONTCLIFFE DRIVE</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or trustee in power 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 in an attachment with an address.

SIGNATURE: *Richard E Cundith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 334-9836505  
DATE DAY/MONTH/YEAR FILING FEE

CR2E034 (12/95)