

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED
Jul 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005367 (7)
1. Corporation Name
COLEMAN AMERICAN MOVING SERVICES, INC.

Principal Place of Business P.O. BOX 1568 DOTHAN AL 36302	Mailing Address P.O. BOX 1568 DOTHAN AL 36302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 01/30/1996
21	22	26	27	4. FEI Number 63-0419836	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

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

11. Pursuant to the provisions of Sections 607.0507 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		1.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		2.2 NAME	PRESIDENT & CHAIRMAN COLEMAN, JAMES F.	
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS	4155 BEACHSIDE ONE DESTIN, FL	
			2.4 CITY-ST-ZIP	DESTIN, FL	
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		3.2 NAME	VICE PRESIDENT & DIRECTOR COLEMAN, JEFFREY F.	
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS	2406 STONEWOOD DR DOTHAN, AL 36301	
			3.4 CITY-ST-ZIP	DOTHAN, AL 36301	
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		4.2 NAME	VICE PRESIDENT & DIRECTOR COLEMAN, JOHN C.	
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS	107 MONTEZUMA AVE DOTHAN, AL 36303	
			4.4 CITY-ST-ZIP	DOTHAN, AL 36303	
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		5.2 NAME	VICE PRESIDENT & DIRECTOR BRAKEFIELD, WILLIAM L.	
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS	16769 ANGLIA LOOP DUMFRIES, VA 22026	
			5.4 CITY-ST-ZIP	DUMFRIES, VA 22026	
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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

SIGNATURE: Richard E Cundith 7/24/97 334583-6505

CR2E034 (4/97)