

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J68912 (1)
1. Corporation Name
TARRELL MOVING & STORAGE, INC.



Principal Place of Business: % RONALD R. TARRELL, 3656 S. HOPKINS AVE., TITUSVILLE FL 32780-5707
Mailing Address: % RONALD R. TARRELL, 3656 S. HOPKINS AVE., TITUSVILLE FL 32780-5707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1987

2. Principal Place of Business
21 3656 S. Hopkins Ave
22 Suite, Apt. #, etc.
23 Titusville, Fl.
24 32780
25 Brevard
26 3656 S. Hopkins Ave
27 Suite, Apt. #, etc.
28 Titusville, Fl.
29 32780
30 Brevard

4. FEI Number: 59-2805670
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
TARRELL, CAROL A
3656 S. HOPKINS AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Carol Tarrell, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	TARRELL, RONALD R.	
STREET ADDRESS	3691 SAWGRASS DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input type="checkbox"/>
NAME	TARRELL, CAROL A.	
STREET ADDRESS	3691 SAWGRASS DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/>
NAME	TARRELL, JEFFREY R.	
STREET ADDRESS	4890 ST GEORGE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CAROL A. TARRELL		
2.3 STREET ADDRESS	3691 SAWGRASS DR.		
2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780		
3.1 TITLE	Vice-President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Jeffrey R. TARRELL		
3.3 STREET ADDRESS	4890 ST. GEORGE AVE		
3.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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

SIGNATURE: [Handwritten Signature]

CR2E034 (10/97)