

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

DOCUMENT # **M66353**

(7)

95 MAY -1 AM 5:17

ISLAND MOVING & STORAGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office in Business
**5266 HIGHWAY AVE.
P.O. BOX 60069
JACKSONVILLE FL 32206
US**

Mailing Address
**5266 HIGHWAY AVE.
P.O. BOX 60069
JACKSONVILLE FL 32206
US**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or organized 01/20/1988	3a. Date of Last Report 02/18/1994
4. FTA Number 59-2895717	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	

2. Principal Office in Business 21	2a. Mailing Address 26
22. State Apt. # etc. 22	27. State Apt. # etc. 27
23. City & State 23	28. City & State 28
24. Zip 32254	25. Country 25
29. City 29	30. Country 30

9. Name and Address of Current Registered Agent PRICE, ROBERT J. 5266 HIGHWAY AVENUE JACKSONVILLE FL 32254	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVT PRICE, ROBERT J. 5266 HIGHWAY AVE JACKSONVILLE FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BELL, A. QUINN 5266 HIGHWAY AVE. JACKSONVILLE FL	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD STRICKLAND, BARBARA S. 5266 HIGHWAY AVE. JACKSONVILLE FL	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SUDDATH, STEPHEN M. 5266 HIGHWAY AVE. JACKSONVILLE FL	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in the law of the State of Florida. I further certify that the information is true and correct for the information stated in the law of the State of Florida. I further certify that the information is true and correct for the information stated in the law of the State of Florida. I further certify that the information is true and correct for the information stated in the law of the State of Florida.

SIGNATURE: *[Signature]* **PRICE, ROBERT J.** *[Signature]* **R. J. PRICE** *[Signature]* **4/21/95 (604) 281-7000**