FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # M66353 (7)

1. Corporation Name

ISLAND MOVING & STORAGE, INC.

Principal Place of Business	Mailing Address
~~5266 HIGHWAY AVE.~~	~~5266 HIGHWAY AVE.~~
~~P.O. BOX 60060~~	~~P.O. BOX 60069~~
JACKSONVILLE FL ~~32254~~	JACKSONVILLE FL ~~32236~~
US	US

2. Principal Place of Business
21 815 S. Main St.
Suite, Apt #, etc.
22 #600
City & State
23
Zip 24 32207 Country 25 ~~322~~ US

2a. Mailing Address
26 P.O. Box 48088
Suite, Apt #, etc.
27 #600
City & State
28
Zip 29 32247 Country 30

3. Date Incorporated or Qualified: 01/20/1988
3a. Date of Last Report: 05/01/1995
4. FEI 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

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) 815 S. Main St.
83 #600
84 City FL 85 Zip Code 32207

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 ______
Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   DATE

12. OFFICERS AND DIRECTORS

	12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12
TITLE	DVT	☐ DELETE	☒ Change ☐ Addition
NAME	PRICE, ROBERT J.		
STREET ADDRESS	~~5266 HIGHWAY AVE~~		815 S. Main St.
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	PD	☐ DELETE	☒ Change ☐ Addition
NAME	BELL, A. QUINN		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		815 S. Main St.
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	SD	☐ DELETE	☒ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		815 S. Main St.
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	D	☐ DELETE	☒ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		815 S. Main St.
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-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 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: R.J. Price VP   05/01/96   (904) 390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)