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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M66353** (7)

NC 12-11-96 VB

1. Corporation Name
~~ISLAND MOVING & STORAGE, INC.~~
Relo Services, Inc.

Principal Place of Business	Mailing Address
32207. MAIN ST #600 JACKSONVILLE FL 32254 US	P.O. BOX 48088 #600 JACKSONVILLE FL 32247-8088 US

3. Date Incorporated or Qualified: 01/20/1988
3a. Date of Last Report: 05/01/1996

	Principal Place of Business	Mailing Address
2. / 2a.	815 S. Main Street	815 South Main St.
Suite, Apt. #, etc.	6th Floor	6th Floor
City & State	Jacksonville, FL	Jacksonville, FL
Zip / Country	32207 / U.S.	32207 / U.S.

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	10. Name and Address of New Registered Agent
PRICE, ROBERT J. 815 S MAIN ST. #600 JACKSONVILLE FL 32207	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, ROBERT J.		1.2 NAME	
STREET ADDRESS	815 S MAIN ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELL, A. QUINN		2.2 NAME	
STREET ADDRESS	815 S MAIN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.		3.2 NAME	
STREET ADDRESS	815 S MAIN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.		4.2 NAME	
STREET ADDRESS	815 S MAIN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	000002081720 ☐ Change ☐ Addition
NAME			5.2 NAME	-02/07/97--01048--031
STREET ADDRESS			5.3 STREET ADDRESS	***165.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	VB 2-6

CR2E034 (9/96)

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: Robert J Price 01-31-97 904-390-7100