

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

FILED
May 06 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 # P97000036954 (0)

1. Corporation Name

ATLANTIC MOVING & STORAGE, INC.



Principal Place of Business

Mailing Address

2783 FRONTIER AVENUE
ORANGE PARK FL 32065

2783 FRONTIER AVENUE
ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3443297

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 ~~Orange Park, FL~~ 2b Industrial
Suite, Apt. #, etc. Loop #173

26 P.O. Box 248
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orange Park, FL

28 Orange Park, FL

24 Zip 32073

Country

29 Zip 32067

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROCTOR, SOL H
233 EAST BAY STREET
SUITE 1015
JACKSONVILLE FL 32202

81 Name

~~PROCTOR, SOL H~~

82 Street Address (P.O. Box Number is Not Acceptable)

~~233 EAST BAY STREET~~

83

84 City

~~JACKSONVILLE~~

FL

85 Zip Code

~~32202~~

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PROCTOR, SOL H
STREET ADDRESS 233 EAST BAY ST STE 1015
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ DELETE

1.1 TITLE PD
1.2 NAME Cynthia Cohen May ☒ Change ☐ Addition
1.3 STREET ADDRESS 2783 Frontier Ave.
1.4 CITY-ST-ZIP Orange Park, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE VM
2.2 NAME Herman Allen May Jr. ☐ Change ☒ Addition
2.3 STREET ADDRESS 2783 Frontier Avenue
2.4 CITY-ST-ZIP Orange Park, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cynthia Cohen May

4/24/98

904-262-9422

CR2E034 (10/97)