# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # 747118 (8)

1. Corporation Name

FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 335 BEARD ST<br>P.O. BOX 10296<br>TALLAHASSEE FL 32302 | 335 BEARD ST<br>P.O. BOX 10296<br>TALLAHASSEE FL 32302 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1915268 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 335 Beard Street | 26 335 Beard Street |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Tallahassee, FL | City & State<br>28 Tallahassee, FL |
| Zip 24 32303 Country 25 | Zip 29 32303 Country 30 |

9. Name and Address of Current Registered Agent

HARRIS, ROBERT C.
335 BEARD ST
TALLAHASSEE FL 32303

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

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 | C | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BAKER, BIFF | 1.2 NAME | |
| STREET ADDRESS | 251 10TH ST. NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CHASE, DON | 2.2 NAME | |
| STREET ADDRESS | 5249 L/B/ MCLEOD ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, IAN | 3.2 NAME | |
| STREET ADDRESS | 1900 OLD OKEECHOBEE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | D ☒ Change ☐ Addition |
| NAME | HILL, JERRY | 4.2 NAME | Jim Myers |
| STREET ADDRESS | P.O. BOX 1718 N/A | 4.3 STREET ADDRESS | 5266 Highway Ave. |
| CITY-ST-ZIP | OCALA FL | 4.4 CITY-ST-ZIP | Jacksonville, FL 32254 |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARNOFF, MARK | 5.2 NAME | |
| STREET ADDRESS | 3820 S FEDERAL HWY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | S ☒ Change ☐ Addition |
| NAME | FLINN, ROBERT | 6.2 NAME | |
| STREET ADDRESS | 3427 PROGRESS AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** B. H. Baker 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Biff Baker

0027018