

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747118 (8)

1. Corporation Name

**FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

**335 BEARD STREET
P.O. BOX 10296
TALLAHASSEE FL 32303
US**

**335 BEARD STREET
P.O. BOX 10296
TALLAHASSEE FL 32303
US**

3. Date Incorporated or Qualified
05/08/1979

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 335 Beard Street

26 335 Beard Street

4. FEI Number
59-1915268

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32303

25 Leon

29 32303

30 Leon

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

**HARRIS, ROBERT C.
335 BEARD ST
TALLAHASSEE FL 32303**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert C. Harris **Robert C. Harris**

4/10/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**C
BAKER, BIFF
251 10TH ST. NORTH
ST. PETERSBURG FL**

TITLE ☐ DELETE

**V
CHASE, DON
5249 L/B/ MCLEOD ROAD
ORLANDO FL**

TITLE ☐ DELETE

**T
BROWN, IAN
1900 OLD OKEECHOBEE RD
W PALM BCH FL**

TITLE ☐ DELETE

**D
MYERS, JIM
5266 HIGHWAY AVE
JACKSONVILLE FL**

TITLE ☐ DELETE

**D
ARNOFF, MARK
3620 S FEDERAL HWY
FT PIERCE FL**

TITLE ☒ DELETE

**S
FLINN, ROBERT
3427 PROGRESS AVE.
NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

**500001829175
-05/20/96--01041--024
***61.25**

☐ Change ☐ Addition

**400001829824
-05/20/96--01001--024
***61.25**

☐ Change ☐ Addition

☐ Change ☒ Addition

**V
Jay Vandroff
1590 E. Avenue N.
Sarasota, FL 342307**

☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray B. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date

Daytime Phone #

CR2E037 (12/95)