

5-14-47 B-7514 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747118** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**335 BEARD STREET  
TALLAHASSEE FL 32303  
US**

**335 BEARD STREET  
TALLAHASSEE FL 32303-6227  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**05/08/1979**

3a. Date of Last Report

**05/01/1996**

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**

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

**Carvajal, Antonio**

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

**335 Beard Street**

83

84 City

**Tallahassee**

**FL**

85 Zip Code

**32303**

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

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/97**  
Date

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, BIFF</b>	
STREET ADDRESS	<b>251 10TH ST. NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHASE, DON</b>	
STREET ADDRESS	<b>5249 L/B/ MCLEOD ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, IAN</b>	
STREET ADDRESS	<b>1900 OLD OKEECHOBEE RD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, JIM</b>	
STREET ADDRESS	<b>5266 HIGHWAY AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNOFF, MARK</b>	
STREET ADDRESS	<b>3620 S FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VANDROFF, JAY</b>	
STREET ADDRESS	<b>1590 E. AVENUE N.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Vemay, Kelly</b>	
1.3 STREET ADDRESS	<b>5674 Enterprise Parkway</b>	
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33905</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jay Vandroff**

Date

Daytime Phone # 0007502

CR2E037 (9/96)