

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90110 044 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747118

1. Corporation Name

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

Principal Place of Business

335 BEARD STREET
TALLAHASSEE FL 32303
US

Mailing Address

335 BEARD STREET
TALLAHASSEE FL 32303
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/08/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1915268

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

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

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 ☐ DELETE
NAME SD
STREET ADDRESS VERNAY, KELLY
CITY-ST-ZIP 5674 ENTERPRISE PARKWAY
FORT MYERS FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME V
1.3 STREET ADDRESS Vernay, Kelly
1.4 CITY-ST-ZIP 5674 Enterprise Parkway
Fort Myers, FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS CHASE, DON
CITY-ST-ZIP 5249 L/8/ MCLEOD ROAD
ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS BROWN, IAN
CITY-ST-ZIP 1900 OLD OKEECHOBEE RD
W PALM BCH FL

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS MYERS, JIM
CITY-ST-ZIP 5266 HIGHWAY AVE
JACKSONVILLE FL

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

TITLE ☐ DELETE
NAME V
STREET ADDRESS ARNOFF, MARK
CITY-ST-ZIP 3620 S FEDERAL HWY
FT PIERCE FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME P
5.3 STREET ADDRESS Arnoff, Marc
5.4 CITY-ST-ZIP 3620 S Federal Highway
Fort Pierce, FL

TITLE ☐ DELETE
NAME C
STREET ADDRESS VANDROFF, JAY
CITY-ST-ZIP 1590 E. AVENUE N.
SARASOTA FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D
6.3 STREET ADDRESS Vandroff, Jay
6.4 CITY-ST-ZIP 1590 E. Avenue N.
Sarasota, FL

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

850-222-6000

Daytime Phone #

CR2E037-11/98