FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

331903

(5)

1. Corporation Name MATHEWS MOVING & STORAGE, INC.									
MATTE	LAAO MOANA A DIONA	L, HVO							
Principal Place of	f Business	Mailing Address	Mailing Address				#### DELIE ##### 1	JIBII PIBII BIBI	it Bidii Albii 1881
1202 CARR : PALATKA FL		1202 CARR STREET PALATKA FL 32177-4514							
						3. Date Incorporated or Qualified		of Last Rep	
						06/28/1968 4. FEI Number	1	04/26/19	
2. Principal Plac	e of Business	2a. Mailing Address							opplied For Not Applicable
21		Suite, Apt. #, etc.			59-1214030			Additional	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zipi	Con	intry		8. This corporation has liability for		ix under s	199.032,
24	25	29	30				. □ No		
	9. Name and Address of Curren	nt Registered Agent		 		10. Name and Address of New I	legistered	Agent	
				81	Name				
MATHE	WS,ROGER			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)		
1202 C	ARR ST								
PALATK	(A FL 32077			83					
				84	City		E-1	85 Zip	Code
4					a ad acase	ration authorite this statement for the pu	ranse of ch	anging its re	egistered office
11. Pursuant to or registered	the provisions of Sections 607.0503 diagent, or both, in the State of Flor	z and 607,1508, Florida Stati ida. Such change was author	ized by the a	оогрог	ration's boar	ration submits this statement for the pured of directors. Thereby accept the app	ontment as	registered	agent. I am
familiar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statute	is.						t
SIGNĀTURE	tynature, typed or printed have of equilered ages	Constitution of an income	NOTE Regulatores	1.A.cot :	signature regalities	all when recordating	174]		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	TICERS AND	DIRECTO	RS IN 12
TITLE	ST	□ DELETE		1 1 TIFLE				Change	Addition Addition
NAME	MATHEWS, ROGER W		12N	AME.					
STREET ADDRESS	2 PUTTER LANE		138	TREELA	DORESS				
C-TY-ST-ZiP	PALATKA, FL 00000	001			- ZiP			~=	
TIFLE	PD	☐ DELETE 2.1			TITLE Change			Change	Addition
NAME	MATHEWS, ROGER W	rietts, nooth ti		2.2 NAME					
STREET ADDRESS	2 PUTTER LANE		238	STREET A	DDRESS				
City-St-ZIP	PALATKA, FL 00000	,		2 4 C(TY - S1 - Z(F)				C) Observe	- Addition
TITLE				3 1 TITLE				Change	Addition
NAME			3 2 N						
STREET ADDRESS					ADDRESS				
Crin S1-ZiP		☐ DELETE		DITY - ST TOTUE	- LI ^L			Change	Addition
TITLE				NAME		200004			
NAME					ADDRESS	300001 -03/07/96((35:	343	•
STREET ADDRESS				011Y - ST		***200.00	11043~-	-001	
C-TY - ST - Z-P		☐ DELFIE		T TLE		*****CUU.UU		Change	Addition
NAME		<u></u>		NAME					
STREET AUDRESS					ACIDPESS				
CITY - ST - ZIP			544	C114 - S1	- ZIP				11 1
TITLE		DELETE		THILE			•	☐ Change	K) killing
NAME			621	NAME				[]	6, 1/1
STREET ADDRESS			6.33	STHEET	ADDRESS			X	, M/
CHTY-ST ZIP			641	0:14:51	I - ZiP				,W,

14. Ido 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrachment with an address.

SIGNATURE:

STONATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

904-325-7578