## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 331903** 

(5)

MATHEWS MOVING & STORAGE, INC. Principal Place of Business Mailing Address 1202 CARR STREET 1202 CARR STREET PALATKA FL 32177-4514 PALATKA FL 32177-4514 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1968 03/07/1996 2. Frincipal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1214030 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing **\_\_\_\_** 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MATHEWS, ROGER 1202 CARR ST Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32077 83 84 City Zip Code 11. Pursuant to the previsions 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. Florida Statutes. SIGNATURE to a continuous principal distriction of registered agent and tribe if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE HILL MATHEWS, ROGER W NAME 1.2 NAME **2 PUTTER LANE** 1.3 STREET ADDRESS STREET ADDRESS PALATKA, FL 00000 City -St-7-2 14 City - SY-7iP DELETE Change \_\_\_ Addition 21 TITLE TITLE MATHEWS, ROGER W 22 NAME MAMA 2 PUTTER LANE STREET ADDRESS 2.3 STREET ADDRESS PALATKA, FL 00000 2. 4 CITY+ST-ZIP 0HY-51-202 DELETE Change Addition HILF 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STEEL LAIL/08ESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME N4M 4.3 STREET ADDRESS STREE ADDRESS 4.4 CITY-S1-ZIP 0.077 - 83 - 248 DELETE Change Addition TITLE 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS: 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TiTLE 101:1 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Too 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

13 if chariged, or organ attachment with an address.

appears in Block 12 or I

SIGNATURE:

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

**FILED** 

Mar 04 1997 8:00am

Secretary of State