


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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 379196 (9)</b> 1. Corporation Name <b>GRAEBEL/TAMPA BAY MOVERS, INC.</b>			
Principal Place of Business <b>5433 W. CRENSHAW STREET TAMPA FL 33634-3008</b>		Mailing Address <b>5433 W. CRENSHAW STREET TAMPA FL 33634-3008</b>	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1971</b>	
21		26		4. FEI Number <b>59-1321351</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29	
24		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>PARDEE, JOHN S. 5433 W. CRENSHAW STREET TAMPA FL 33614</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions 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. I am familiar with, and accept the obligations of, Section 607.0505, 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAEBEL, DAVID W.	1.2 NAME	
STREET ADDRESS	401 S. AIRPORT BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	AURORA CO	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, LANE G.	2.2 NAME	
STREET ADDRESS	500 THIRD ST. STE. 700	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAUSAU WI 54403	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAEBEL, LOIS G.	3.2 NAME	
STREET ADDRESS	401 S. AIRPORT BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AURORA CO	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROBACK, CRAIG	4.2 NAME	
STREET ADDRESS	720 3RD STR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAUSAU WI	4.4 CITY - ST - ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GENE C	5.2 NAME	
STREET ADDRESS	401 S AIRPORT BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	AURORA CO	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAEBEL, BENJAMIN D	6.2 NAME	
STREET ADDRESS	401 S AIRPORT BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	AURORA CO	6.4 CITY - ST - ZIP	

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

SIGNATURE:



G. Lane Ware, Vice President

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/98

(715) 845-4336

CR2E034 (10/97)