

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 010 ***150.00

DOCUMENT # 379196

1. Corporation Name

GRAEBEL/TAMPA BAY MOVERS, INC.

Principal Place of Business

5433 W. CRENSHAW STREET
TAMPA FL 33634-3008

Mailing Address

5433 W. CRENSHAW STREET
TAMPA FL 33634-3008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1971

4. FEI Number

59-1321351

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 5250 Eagle Trail Dr.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

Zip Country

24 33634-1295 25

2a. Mailing Address

26 5250 Eagle Trail Dr.

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

Zip Country

29 33634-1295 30

9. Name and Address of Current Registered Agent

PARDEE, JOHN S.
5433 W. CRENSHAW STREET
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

5250 Eagle Trail Drive

83

84 City
Tampa

FL

85 Zip Code

33634-1295

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

TITLE PTD ☐ DELETE
NAME GRAEBEL, DAVID W.
STREET ADDRESS 401 S. AIRPORT BLVD.
CITY-ST-ZIP AURORA CO

TITLE VD ☐ DELETE
NAME WARE, LANE G.
STREET ADDRESS 500 THIRD ST. STE. 700
CITY-ST-ZIP WAUSAU WI 54403

TITLE SD ☐ DELETE
NAME GRAEBEL, LOIS G.
STREET ADDRESS 401 S. AIRPORT BLVD
CITY-ST-ZIP AURORA CO

TITLE AS ☐ DELETE
NAME BROBACK, CRAIG
STREET ADDRESS 720 3RD STR
CITY-ST-ZIP WAUSAU WI

TITLE CFO ☐ DELETE
NAME LEE, GENE C
STREET ADDRESS 401 S AIRPORT BLVD
CITY-ST-ZIP AURORA CO

TITLE VP ☐ DELETE
NAME GRAEBEL, BENJAMIN D
STREET ADDRESS 401 S AIRPORT BLVD
CITY-ST-ZIP AURORA CO

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

(715) 845-4336

Daytime Phone #

CR2E034 (11/98)