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

Mailing Address

4040 MAYFLOWER ROAD

FORT MYERS FL 33916

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 415447

1. Corporation Name

Principal Place of Business

4040 MAYFLOWER ROAD FORT MYERS FL 33916

GULF SHORES MOVING & STORAGE, INC.

| • | | | | | | | 3. Date Incorporated | or Qualife | :d | | Ì | |
|---|--|----------|--|-----------------------|-----------------|------------|---|--------------|-------------------|-------------------|--------------|--|
| | | | | | | } | 12/28/1972 | | | | | |
| 2. Principal Pl | ace of Business | 2a | , Mailing Address | | | | 4. FEI Number | | | Ap | plied For | |
| 21 | | 26 | - | | | į | 59-1450176 | | | No | t Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired Serviced Fee Required | | | | | |
| City & State | | 2! | City & State | | _ | | 6. Election Campaign | - Financin | n _ | \$5.00 | May Be | |
| 23 | | 28 | 28 | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country Zip | | | Country | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | | | |
| 25 | | | | | | | Personal Property Tax. Yes No 10. Name and Address of New Registered Agent | | | | | |
| | 9. Name and Address of Current I | (egis | stered Agent | | 31 Name | | 10. Name and Addre | SS OI NEW | v vedistesen v | -yen | | |
| DEE | EEED MADINE S | • | | | I Name | Pfe 1 | ffer W | arrei | n C'es | | | |
| PFEIFFER, NADINE S 4040 MAYFLOWER ROAD | | | | | | | (P.O. Box Number is | | | | | |
| | _ | | <u> 4040</u> | May flo | mer | Ka | • | | | | | |
| FT M | | 33 | Enn+ | · Mince | | FI | 33 | 916 | | | | |
| | | | | l la | 34 City | 01. | rigers | 7 | | 85 Zip (| | |
| | | | | | , | | | | FL | | i i | |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 6 | 07.1508, Florida Statutes, t | he ab | ove-named | corpora | tion submits this state | ment for th | ne purpose of | changing its | registered | |
| office or re | egistered agent, or both, in the State of manifer with, and accept the obligation | Flori | da, Such change was autho Section 607,0505, Florida | rized I Statut | by the comples. | oration's | board of directors. I I | nereby acc | ept the appoir | ilment as re | gistered | |
| | 1) 0 D(./1 | | , 0000011 001.10000, 1 101100 | • | ()_ | | 0 01 | | 4/ | 21/9 | 9 | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title | if applicable. (NOTE: Regi | stered A | gent signature | nw benuper | en reinstating) | 7 | DATE | -1-1- | / | |
| 12. | OFFICERS AND | | | 13. | | _ | ADDITIONS/CHÂN | GES TO C | OFFICERS AN | D DIRECTO | RS IN 12 | |
| TITLE | VD DELETE | | 1.\$ TITL | E | Pres | sident and | Trea | surer | ☐ Change | ☐ Addition | | |
| NAME | PFEIFFER, ROBERT M SR | | | 1.2 NAM | E | | | | | | | |
| STREET ADDRESS | 4040 MAYFLOWER RD | | | 1.3 STR | EET ADDRESS | 4040 | ffer, War Mayflows | er Rd | L. | | | |
| | FT MYERS, FL 00000 33916 | | | | -ST-ZIP | Fort | Myers. | FI | 33916 | | | |
| CITY-ST-ZIP | PD | DELETE | | | E | 7 | retary | | | ☐ Change | ☐ Addition | |
| NAME | PFEIFFER, WARREN | | | 2.2 NAM | | | | nie | | | | |
| 1 | 4040 MAY FLOWER ROAD | | | | EET ADDRESS | HALL | Mayflow | er R | d. | • | | |
| STREET ADDRESS | | | | 2.4 CITY-ST-ZIP FO | | 504 | 1 Myers, | اميم | 33916 | | 1 | |
| CITY-ST-ZIP | FT MYERS, FL 00000 33916 | | | 3.1 TITL | | | ector. | - 1 (| 7 337 10 | ☐ Change | Addition | |
| TITLE | 100 | | 3.2 NAME | | Air. | er Pfeiff | on C | 2 hant | | _ | | |
| NAME | PFEIFFER, NADINE | | | 3.3 STREET ADDRESS 40 | | | era reitr | er, 10 | Deri | | | |
| STREET ADDRESS | 4040 MAYFLOWER RD | | | | | | o Mayflo | wer | 16.00 | 0.7 | | |
| CITY-ST-ZIP | FT MYERS, FL 00000 33916 | | | | Y-ST-ZIP | For | t Myers, | | 33 | 7 / Ç ☐ Change | ☐ Addition | |
| TITLE | | | ☐ DELETE | 4.1 TITL | | | • | | | | | |
| NAME | | | j | 4. 2 NA | | | | | | | | |
| STREET ADDRESS | | | | 4.3 STR | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | - ST-ZIP | <u> </u> | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITL | - | | | | | Change | ☐ Addition | |
| NAME | | | 1 | 5.2 NAM | | | | | | | | |
| STREET ADDRESS | | | 1 | 5.3 STR | EET ADDRESS | | | | | | | |
| CfTY+ST-ZIP | | | | | '-ST-ZIP | ļ | | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITL | E | | | | | Change | ☐ Addition | |
| NAME | | | | 6.2 NAM | RE . | | | | | | | |
| STREET ADDRESS | rations of ration | | | 6.3 STR | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | AERE VI (451) Company (Company) | | | 6.4 CITY | -\$T-ZIP | | | | | | | |
| 44 I boroby | artifut that the information eunnlied with | this | filing does not qualify for the | exem | ption state | d in Sec | tion 119.07(3)(i), Flori | da Statute | s. I further cert | tify that the i | nformation | |
| heteolini | on this annual report or supplemental a director of the corporation or the receiv | กกบร | il report is true and accurate | and t | hat my sior | iature sh | hali have the same led | al effect as | s if made unde | eroain; inai | aman | |
| Officer of | unector of the corporation of the receiv | or Of | mayor cultowered to exect | eto nu | o report do | - vyuneu | . To Chapter Cor, 110 | | , | , | | |

SIGNATURE:

Block 12 or Block 13 if changed, ofton an attachment with an address, with all other like empowered.

334-8206

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90048 042 ***150.00

DO NOT WRITE IN THIS SPACE