FILED

90 HAR 22 PH 12: 04

SLORETARY OF STATE TALLAHASSEE, FLORIDA

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

Mailing Address

30 NORTH RING AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

6721 INDUSTRIAL AVE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 475671

WEST PASCO MOVING AND STORAGE, INC.

PORT RICHEY	FL 34668-6823	STE. 400 TARPON SPRINGS FL 34689 US			DO NOT WRITE IN THIS 3. Date incorporated or Qualified 05/13/1975	S SPACE
Principal Place of Business The Place of Business The Place of Business		2a. Mailing Address 26		4. FEI Number 59-1646238	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	27		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing 1 1 1 1 1 1 1 1 1 1	\$5.00 May Be Added to Fees
Zip 24	Country [25] 9. Name and Address of Curren	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax Name and Address of New Registered	[]Yes X No
Ki Iki	IIS, GEORGE N	ic registered Agent	81	Name	to. Have and Address of New Registered	Agent .
30 NORTH RING AVENUE STE. 400			82	Street Add	el Address (P.O. Box Number is Not Acceptable)	
	900 PON SPRINGS FL 34689		83			last a Silv
		um modeli de tromano de la come	84	,	FL	85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was author	orized by	the corporati	poration submits this statement for the purpose of ion's board of directors. Thereby accept the appo	f changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registery Layer	ot and hise if accideable (NOTE Re-	isti reit A den	d Szinakon, zgjado	edishinatori statup — DATE	
12.		ID DIRECTORS	13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DS	[DELFTE	11 Tille			[Change
NAME	6721 INDUSTRIAL WAY		1.2 NAME		ADDRESS .	
STREET ADDRESS			13 STREET	ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		14 CITY-\$	1-2#		
TITLE	DPT	[,] DELETE	21 TITLE			[Change [Addition
NAME	GUAGLIARDO, NICHOLAS		2.7 NAME	1	600002824	+13856
STREET ADDRESS	6721 INDUSTRIAL WAY		23SIREE		- 03/30/99	
CITY-ST-ZIP	PORT RICHEY FL 34668		2 4 City-St-Zif		****150.00 .****1 [Change	*****150, <u>@</u> =
TITLE		L'I pece is	3 1 THILE			[] Change T [] Addition
NAME			3.2 NAME	AD		
STREET ADDRESS			33 STREET	Ĩ		
CITY-ST-ZIP TITLE		[] DELETE	34 CITY-S 41 TITLE	1-211/		[Change
NAME		(1223.12	4 2 NAME			f in was f it was a re-
STREET ADORESS	i		43STREE	ADORESS		
CITY-ST-ZIP			44 CH1-S			
TITLE		[] DELETE	51 TITLE	_		[Change
NAME	l		5.2 NAME			
STREET ADDRESS			53 S1R5 F 1	ADDRESS		
City-ST-ZiP			54 CITY-S	T-2#		
TITLE		[.] DELFTE	61 TIBLE	1		[Change [] Addition
NAME		}	6.2 NAME			_
\$TREET ADDRESS			63STREET	ADDRESS		\sim

14. Thereby 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 findicated 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 gin attact that my name appears in the receiver of the corporation of the corporation of the corporation of the corporation of the receiver o