## 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

DOCUMENT # 492163

WILLIAM A. EDWARDS MOVING & STORAGE, INC.

Principal Place of Business		Mailing Address			
	NDUSTRIAL AVE RICHEY FL 34668	30 NORTH RING AVENUE STE. 400 TARPON SPRINGS FL 34689			
2. Pri	incipal Place of Business	2a. Mailing Address			
21		26			
Su	ite, Apt. #, etc.	Suite, Apt. #, etc.			
22		27			
Cit	y & State	City & State			
23		28			
Zıç	Country	Zip	Country		
24	[25]	29	[30]		
	9. Name and Address of	Current Registered Agent			
	KLIMIS, GEORGE N.		81 Name		

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SLORETARY OF STATE TM LAHASSEE, FLORIDA



DO	TON	١	N١	RITE	IN	THIS	SPACE

Date Incorporated or Qualified

## 12/08/1975

4 FEI Number

59-1646487

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

**K**No

10. Name and Address of New Registered Agent

30 NORTH RING AVE.

STE. 400 TARPON SPRINGS FL 34689

81	
82	Street A

Address (P.O. Box Number is Not Acceptable) 83

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation subtracts 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

	Signature, typed or printed name of registered agent and little if applicable	(NOTE Re	psteriod Agend signal accompani
12.	OFFICERS AND DIRECTORS		13.
TITLE	<b>DPT</b>	DELETE	111HLE
NAME	GUAGLIARDO, NICHOLAS		1.2 NAME
STREET ADDRESS	6721 INDUSTRIAL WAY	į	13 STREE LADORESS
CITY-ST-ZIP	PORT RICHEY FL		14 CITY-\$1-ZIF
TITLE	<b>DS</b>	DELETE	2 1 TITLE
NAME	GUAGLIARDO, DORA		2 2 NAME
STREET ADDRESS	6721 INDUSTRIAL WAY		2 3 STREET ADDRESS
CITY-ST-ZIP	PORT RICHEY FL		2 4 CHY-S1-ZIP
TITLE	[	DELFTE	31 TITLE
NAME			32 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		1 DELETE	4 1 TITLE
NAME			4 2 NAME
STREET ADDRESS			43 STREET ADORESS
CITY-ST-ZIP			4.4 CiTY-ST-ZiF
TITLE		DELFTE	5 1 TITLE
NAME			5.2 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CHY-S1-ZIF
TITLE		I DELETE	€1 साध
NAME			62 NAM:
STREET ADDRESS			63 STREET ADDRESS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

\*\*\*\*150.00 (\*\*\*\*)50000000

[ | Change [ ] Addition

[ | Change Addition

[ | Change [ ] Addition

F 1 Change [ ] Addition

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 attacfining with an addgess, with all other like empowered.

SIGNATURE:

3-11-99 (727)848-8192

CR2E034 (11/98)