

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 JUN 21 PM 12: 04

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 502591
1. Corporation Name
Bohill Enterprises, Inc.

800001520168
-06/22/95--01016--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
S.W. 32nd Street P.O. Box 27
Palm City, Fla. Palm City, Fla.
34990 34990

3. Date Incorporated or Qualified 3a. Date of Last Report
4/4/94

2. Principal Place of Business 2a. Mailing Address
21 32nd Street 26 P.O. Box 27
Suite, Apt #, etc Suite, Apt #, etc

4. FEI Number Applied For
59-1664686 Not Applicable

22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State
Palm City Fla. Palm City Fla.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

29 Zip 25 Country 29 Zip 30 Country
34990 MARTIN 34990 Martin

8. This corporation has liability for intangible tax under S 199.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
James T. Kearns
32nd Street + Mapp Rd
Palm City, Fla. 34990

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P Resident	NAME James T. Kearns	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS S.W. 32nd Street + Mapp Rd	CITY ST ZIP Palm City Fla.	12 NAME	
		13 STREET ADDRESS	
		14 CITY ST ZIP	
TITLE STD	NAME Jennifer T. Kearns	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 32nd Street + Mapp Rd.	CITY ST ZIP Palm City Fla. 34990	22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	
TITLE V	NAME John D. Kearns	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 32nd Street + Mapp Rd.	CITY ST ZIP Palm City Fla. 34990	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY ST ZIP		43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James T. Kearns 5-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

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ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 511942

1. Corporation Name

TAMPA BAY MOVING SYSTEMS, INC.

500001519855
-06/21/95--01100-010
***200.00 ***200.00

Principal Place of Business

Mailing Address

5105 West Clifton St
Tampa, FL 33634-5098

5105 West Clifton St
Tampa, FL 33634-5098

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

9/08/1976

4/21/1994

4. FEI Number

Applied For

59-1693139

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Glenn, Robert J
5105 W Clifton St
Tampa, FL 33634

81 Name

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

83

84 City

FL

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 fee if applicable

(Not for Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

P
Glenn, Robert
1422 Hounds Hollow Ct
Lutz, FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

S
Fierle, Gregory R
4639 Winding Woods
Hamburg, NY 14075

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TD
Conley, Joseph
259 Washington HWY
Snyder, NY

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

D
Schapiro, William
12 Fountain Plaza
Buffalo, NY 14202

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

C
Berg, Norm
41 Chedwell Rd Box 41
Maple Springs, NY

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

D
Lahti, Peter
10250 Regency Circle
Omaha, ME 68114

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
Reagan, Barbara
S 5294 Lake Shore Rd
Hamburg, NY

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

D
Gaines, Ken
11 Cobblestone Ct
Orchard Park, NY

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
Holland, Dennis
2075 Attache Ct
Clearwater, FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recorder 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:

Gregory Fierle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Fierle

6/7/95

716 8246630

DATE (Typed Name)