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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 511942 (5)

1. Corporation Name
TAMPA BAY MOVING SYSTEMS, INC.

Principal Place of Business
5105 W CLIFTON ST
TAMPA FL 33634-5098

Mailing Address
5105 W CLIFTON ST
TAMPA FL 33634-8011



3. Date Incorporated or Qualified
09/08/1976

3a. Date of Last Report
04/22/1996

4. FEI Number
59-1693139

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENNIS HOLLANS
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	DELETE
NAME	FIERLE, GREGORY R	
STREET ADDRESS	4839 WINDING WOODS	
CITY - ST - ZIP	HAMBURG NY 14075	
TITLE	D	DELETE
NAME	SHAPIRO, WILLIAM	
STREET ADDRESS	12 FOUNTAIN PLAZA	
CITY - ST - ZIP	BUFFALO NY 14202	
TITLE	D	DELETE
NAME	LAHTI, PETER	
STREET ADDRESS	10250 REGENCY CIRCLE	
CITY - ST - ZIP	OMAHA NE 68114	
TITLE	D	DELETE
NAME	REAGAN, BARBARA	
STREET ADDRESS	S 5284 LAKE SHORE RD	
CITY - ST - ZIP	HAMBURG, N Y 00000	
TITLE	D	DELETE
NAME	GAINES, KEN	
STREET ADDRESS	11 COBBLESTONE CT	
CITY - ST - ZIP	ORCHARD PK, NY 00000	
TITLE	V	DELETE
NAME	HOLLAND, DENNIS	
STREET ADDRESS	2075 ATTACHE CT	
CITY - ST - ZIP	CLEARWATER FL	

1.1 TITLE	D	Change	Addition
1.2 NAME	Debra Fierle		
1.3 STREET ADDRESS	4639 Winding Woods		
1.4 CITY - ST - ZIP	Hamburg, NY 14075		
2.1 TITLE	J	Change	Addition
2.2 NAME	Joseph Couley		
2.3 STREET ADDRESS	259 Washington Hwy		
2.4 CITY - ST - ZIP	Snyder, NY 14226		
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 do 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)