

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norment
Secretary of State
(DIVISION OF CORPORATIONS)

APPROVED
AND
FILED

DOCUMENT # 608007

(1)

95 MAY -1 PM 1:58

1. Corporation Name

POPE MOVING & STORAGE SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2801 S PARK RD
HALLANDALE FL 33009-3818

Mailing Address

2801 S PARK RD
HALLANDALE FL 33009-3818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1895038

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 ☒ intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VERDERBER, JOHN, G., SR.
2801 S PARK RD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 609.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not the Secretary of State, the signature must be witnessed by two disinterested persons.)

Signature of Registered Agent (If Registered Agent is not the Secretary of State, the signature must be witnessed by two disinterested persons.)

Signature

12. OFFICERS AND DIRECTORS

TITLE	SV
NAME	VERDERBER, J PRES
STREET ADDRESS	33 BEACH RD
CITY, ST, ZIP	NORTHPORT NY 11755
TITLE	V
NAME	BERKOWITZ, P EX VP
STREET ADDRESS	3 WHITE CLIFF LANE
CITY, ST, ZIP	ST JAMES NY 11767
TITLE	P
NAME	VERDERBER, John Sr. VP
STREET ADDRESS	33 BEACH RD 2865 NE 25th Street
CITY, ST, ZIP	NORTHPORT NY FL 33305
TITLE	
NAME	Joseph Verderber JR. VP
STREET ADDRESS	583 North Country Road
CITY, ST, ZIP	ST JAMES, NY 11780
TITLE	
NAME	John Verderber SECY
STREET ADDRESS	33 Beach Road
CITY, ST, ZIP	Northport, NY 11755
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	☐ Change ☒ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 NAME	☐ Change ☒ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 NAME	☐ Change ☒ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 NAME	☐ Change ☒ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 NAME	☐ Change ☒ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 NAME	☐ Change ☒ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 199.032(3)(a), Florida Statutes. I further certify that the information indicated on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an affidavit.

SIGNATURE:

John Verderber Sr., VP

4/28/95

305 987 9656

Signature and Printed Name of Signing Officer or Director