

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

95 MAY -1 11 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **633644** (0)

1. Corporation Name

SUDDATH RELOCATION SYSTEMS OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

**5266 HIGHWAY AVENUE
P O BOX 60069
JACKSONVILLE FL 32236**

**5266 HIGHWAY AVENUE
P O BOX 60069
JACKSONVILLE FL 32236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1979	3a. Date of Last Report 02/07/1994
4. FEI Number 59-1927922	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 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 32254	Zip 29 32254
Country 25	Country 30

9. Name and Address of Current Registered Agent PRICE, ROBERT J 5266 HIGHWAY AVENUE JACKSONVILLE FL 32254	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
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 of Registered Agent or Director Signature of Registered Agent or Director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BELL, A. QUINN	1. NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	1. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1. CITY, ST, ZIP	32254
TITLE	CVD	2. TITLE	☐ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.	2. NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	2. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2. CITY, ST, ZIP	32254
TITLE	VTD	3. TITLE	☐ Change ☐ Addition
NAME	PRICE, R. J.	3. NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3. CITY, ST, ZIP	32254
TITLE	SD	4. TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.	4. NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	4. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4. CITY, ST, ZIP	32254
TITLE	VPC	5. TITLE	☐ Change ☐ Addition
NAME	BARNETT, JAMES G	5. NAME	
STREET ADDRESS	5066 HIGHWAY AVE	5. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	5. CITY, ST, ZIP	32254
TITLE	P	6. TITLE	☐ Change ☐ Addition
NAME	PORTARO, ROBERT P	6. NAME	
STREET ADDRESS	5266 HIGHWAY AVE	6. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	6. CITY, ST, ZIP	32254

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 199.03(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 make this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or been added/removed with an addendum.

SIGNATURE: **R.J. Price** 4/21/95 (904) 781-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR