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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **633644** **(0)**

1. Corporation Name

**SUDDATH RELOCATION SYSTEMS OF MELBOURNE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5266 HIGHWAY AVENUE<br>P O BOX 60069<br>JACKSONVILLE FL 32254<br>US | 5266 HIGHWAY AVENUE<br>P O BOX 60069<br>JACKSONVILLE FL 32236 |

| | |
|---|---|
| 2. Principal Place of Business (21) P.O Box 48088 | 2a. Mailing Address (26) P.O. Box 48088 |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) JAX, FL | City & State (28) JAX, FL |
| Zip (24) 32247 Country (25) US | Zip (29) 32247 Country (30) US |

3. Date Incorporated or Qualified: 09/01/1979
3a. Date of Last Report: 05/01/1995
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

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

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, type or printed name of registered agent and title, if applicable) (DATE: For Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, A. QUINN | | 1.2 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | CVD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SUDDATH, STEPHEN M. | | 2.2 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VTD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PRICE, R. J. | | 3.2 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STRICKLAND, BARBARA S. | | 4.2 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VPC | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARNETT, JAMES G | | 5.2 NAME | | |
| STREET ADDRESS | 5066 HIGHWAY AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PORTARO, ROBERT P | | 6.2 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 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)(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 added on an attachment with an address.

**SIGNATURE:** R.J. Price VP 5/1/96 (904)380-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

CR2E034 (12/95)