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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90086 031 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 633644					
1. Corporation Name SUDDATH RELOCATION SYSTEMS OF MELBOURNE, INC.					
Principal Place of Business 815 S. MAIN ST. 6TH FLOOR JACKSONVILLE FL 32207 US			Mailing Address 815 S. MAIN ST. 6TH FLOOR JACKSONVILLE FL 32207 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1927922	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		25		29	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent PRICE, ROBERT J 815 S. MAIN ST. 6TH FLOOR 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME D			1.2 NAME		
STREET ADDRESS BELL, A. QUINN			1.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST., 6TH FL. JACKSONVILLE FL			1.4 CITY-ST-ZIP		
TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
NAME CVD			2.2 NAME		
STREET ADDRESS SUDDATH, STEPHEN M.			2.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST., 6TH FL. JACKSONVILLE FL			2.4 CITY-ST-ZIP		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME VTD			3.2 NAME		
STREET ADDRESS PRICE, R. J.			3.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST., 6TH FL. JACKSONVILLE FL			3.4 CITY-ST-ZIP		
TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME SD			4.2 NAME		
STREET ADDRESS STRICKLAND, BARBARA S.			4.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST., 6TH FL. JACKSONVILLE FL			4.4 CITY-ST-ZIP		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME VPC			5.2 NAME		
STREET ADDRESS BARNETT, JAMES G			5.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST. 6TH FL. JACKSONVILLE FL			5.4 CITY-ST-ZIP		
TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
NAME P			6.2 NAME		
STREET ADDRESS PORTARO, ROBERT P			6.3 STREET ADDRESS		
CITY-ST-ZIP 815 S. MAIN ST., 6TH FL. JACKSONVILLE FL			6.4 CITY-ST-ZIP		

14. I 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Price, C.F.O.

4/1/99

904-390-7100

Date

Daytime Phone #

CR2034 (11/98)