

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90062 006 \*\*\*150.00

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DOCUMENT # 647995

1. Corporation Name  
SMALL MOVES, INC.

Principal Place of Business  
4320 54TH AVE N  
S  
ST PETERSBURG FL 33714  
US

Mailing Address  
4320 54TH AVE N  
ST PETERSBURG FL 33714  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1979

4. FEI Number  
59-1965744

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BELL, H ROB  
4320 54TH AVE N  
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name  
Burns, Stephen Edward  
82 Street Address (P.O. Box Number is Not Acceptable)  
4320 54th Avenue North

83  
84 City St. Petersburg FL 85 Zip Code 33714

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

TITLE PD  
NAME BELL, H ROB  
STREET ADDRESS 4320 54TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

TITLE V  
NAME BURNS, STEPHEN  
STREET ADDRESS 4320 54TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33714 ☒ DELETE

TITLE STD  
NAME BELL, HELEN S  
STREET ADDRESS 4320 54TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME Burns, Stephen Edward  
1.3 STREET ADDRESS 4320 54th Avenue North  
1.4 CITY-ST-ZIP St. Petersburg, FL 33714

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME Burns, Kelly Ann  
2.3 STREET ADDRESS 4320 54th Avenue North  
2.4 CITY-ST-ZIP St. Petersburg, FL 33714

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Stephen Edward Burns  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99  
Date

727-527-3666  
Daytime Phone #

CR2E034 (11/98)