

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 90004 038 \*\*\*150.00

DOCUMENT # **655245**

1. Corporation Name

**DAYTONA MOVING & STORAGE, INC.**

Principal Place of Business

**1640 MASON AVENUE  
DAYTONA BEACH FL 32117-4547**

Mailing Address

**1640 MASON AVENUE  
DAYTONA BEACH FL 32117-4547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/06/1980**

4. FEI Number

**59-1965439**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**MEREDITH, FRED L  
1640 MASON AVENUE  
DAYTONA BEACH FL 32020**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEGEAL, MARK	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRED MEREDITH	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, PEGGY	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL III, JAMES C.	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KENDALL W HAMLIN	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DAVID BARNES	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ernst Smith</b>
1.3 STREET ADDRESS	<b>1640 Mason Ave</b>
1.4 CITY-ST-ZIP	<b>Daytona Beach, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)