

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

APPROVED
AND
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97 OCT 16 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F00387**

1. Corporation Name

BIG BEND MOVING & STORAGE CO., INC.

Principal Place of Business

Mailing Address

**3965 W. Pensacola St.
Tallahassee, FL 32304-2837**

3. Date Incorporated or Qualified
4-11-85

3a. Date of Last Report
4-17-97

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2028850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Sharon Gilmore Dorsch
3965 W. Pensacola St.
Tallahassee, FL 32304-2837**

81 Name	Daniel L. Middlebrooks
82 Street Address (P.O. Box Number is Not Acceptable)	3965 W. Pensacola St.
83	
84 City	Tallahassee
85 Zip Code	FL 32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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)

10-13-97

DATE

12. OFFICERS AND DIRECTORS	
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Secretary-Treasurer-Vice Pres.
STREET ADDRESS	Sharon Gilmore Dorsch
CITY-ST-ZIP	3965 W. Pensacola St., Tallahassee, FL 32304
TITLE	President/Director <input type="checkbox"/> DELETE
NAME	Daniel L. Middlebrooks
STREET ADDRESS	3965 W. Pensacola St.
CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary-Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Suzanne M. Middlebrooks
1.3 STREET ADDRESS	3965 W. Pensacola St.
1.4 CITY-ST-ZIP	Tallahassee, FL 32304
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002321451--2
2.3 STREET ADDRESS	-10/16/97--01010--005
2.4 CITY-ST-ZIP	*****80.00 *****80.00
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 do 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 its predecessor 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 I have not, or do not, already went with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-97

Date

904-576-1231

Daytime Phone #

CR2E034 (9/96)