

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 # **F94000006305 (6)**

1. Corporation Name

TOTAL RELOCATION SERVICES OF FAIRPORT INC.



Principal Place of Business

Mailing Address

1065 SW 15TH AVE
STE 2
DELRAY BEACH FL 33444
US

400 MASON RD.
FAIRPORT NY 14450

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1065 SW 15TH AVE
Suite, Apt. #, etc.

26 1065 SW 15TH AVE
Suite, Apt. #, etc.

22 SUITE 2
City & State

27 SUITE 2
City & State

23 DELRAY BEACH FL
Zip

28 DELRAY BEACH FL
Zip

24 33444 25 US

29 33444 30 US

4. FEI Number

16-1464862

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees 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

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

81 Name

SUSAN GALLACHER

82 Street Address (P.O. Box Number is Not Acceptable)

22291 WOODSPRING DR

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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

Susan Gallacher, Pres. *SUSAN GALLACHER*

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME AHERN, THOMAS
STREET ADDRESS 400 MASON RD.
CITY- ST- ZIP FAIRPORT NY 14450

TITLE VSD ☒ DELETE
NAME AHERN, ALISON
STREET ADDRESS 400 MASON RD.
CITY- ST- ZIP FAIRPORT NY 14450

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SUSAN GALLACHER
1.3 STREET ADDRESS 22291 WOODSPRING DR
1.4 CITY- ST- ZIP BOCA RATON FL 33428

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME CHRISTOPHER GALLACHER
2.3 STREET ADDRESS 22291 WOODSPRING DR
2.4 CITY- ST- ZIP BOCA RATON FL 33428

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

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

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

402790840

Date

Daytime Phone #

CR2E034 (12/95)