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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 94000006305 (6)

1. Corporation Name

TOTAL RELOCATION SERVICES OF FAIRPORT, INC

Principal Place of Business / Mailing Address

1065 SW 15TH AVE
ST. 2
DELRAY BEACH, FL 33444

3. Date Incorporated or Qualified: 12/9/94	3a. Date of Last Report
4. FEI Number: 16-1424862	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21: 1065 SW 15TH AVE
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26: 1065 SW 15TH AVE
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

SUSAN GALLACHER
22291 WOODSPRING DRIVE
BOCA RATON, FL 33428

10. Name and Address of New Registered Agent

81 Name: THOMAS AHERN
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1065 SW 15TH AVE #2
84 City: DELRAY BEACH FL 85 Zip Code: 33444

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: T [illegible] THOMAS AHERN, PRES 5/1/97
Signature(s) for the previous name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	11 TITLE	PTD ☑ Change ☐ Addition
NAME	SUSAN GALLACHER	12 NAME	THOMAS AHERN
STREET ADDRESS	22291 WOODSPRING DR	13 STREET ADDRESS	400 MASON RD
CITY-ST-ZIP	BOCA RATON, FL 33428	14 CITY-ST-ZIP	FAIRPORT, NY 14450
TITLE	V ☒ DELETE	21 TITLE	VSD ☑ Change ☐ Addition
NAME	CHRIS GALLACHER	22 NAME	ALLISON AHERN
STREET ADDRESS	22291 WOODSPRING DR	23 STREET ADDRESS	400 MASON RD
CITY-ST-ZIP	BOCA RATON, FL 33428	24 CITY-ST-ZIP	FAIRPORT, NY 14450
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5-6-97

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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.

SIGNATURE: T [illegible] 5/1/97 561-2790840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS AHERN, PRES

CR2E034 (9/96)