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 # **J90858** **(8)**

1. Corporation Name

DANIEL MOVING & STORAGE OF FLORIDA, INC.

Principal Place of Business

% PHILLIP E. DANIEL
3480 NW 125TH ST
MIAMI FL 33167

Mailing Address

% PHILLIP E. DANIEL
3480 NW 125TH ST
MIAMI FL 33167

3. Date Incorporated or Qualified: **09/01/1987**

3a. Date of Last Report: **08/18/1995**

4. FEI Number: **58-1748887** ☐ 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 is liable for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21
22 Street Address: **5600 NW 32nd Ave**
23 City & State: **Miami FL**
24 Zip: **33142** 25 County:

2a. Mailing Address

26
27 Street Address: **5600 NW 32nd Ave**
28 City & State: **Miami FL**
29 Zip: **33142** 30 County:

9. Name and Address of Current Registered Agent

DANIEL, PHILLIP E.
3480 NW 125 ST
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **5600 NW 32nd Ave.**
83
84 City: **Miami** **FL** 85 Zip Code: **33142**

11. Pursuant to the provisions of Section 607.1007 and 617.1007, 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 607.325, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DANIEL, PHILLIP E.		12 NAME	
STREET ADDRESS	3480 NW 125 ST		13 STREET ADDRESS	5600 NW 32nd Ave
CITY ST ZIP	MIAMI FL		14 CITY ST ZIP	Miami FL 33142
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DANIEL, PAT A.		22 NAME	
STREET ADDRESS	3480 NW 125 ST		23 STREET ADDRESS	5600 NW 32nd Ave
CITY ST ZIP	MIAMI FL		24 CITY ST ZIP	Miami FL 33142
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	

14. I do hereby certify that the information supplied with this filing, including any attachments and documents supplied for the purposes of Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this form or supplemental annual reports filed on behalf of the corporation 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: ✓ Patricia L Daniel — 3-25-96 — 404-305-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

CR2E034 (12/95)