

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 # J93172 (1)

1. Corporation Name

MODERN MOVING AND WRECKING, INC.



Principal Place of Business

**1242 MURDOCK BLVD.
ORLANDO FL 32825**

Mailing Address

**1242 MURDOCK BLVD.
ORLANDO FL 32825**

3. Date Incorporated or Qualified
09/02/1987

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **1242 MURDOCK BL.**

26 **1242 MURDOCK BL.**

4. FEL Number
59-2848372

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **ORLANDO, FL**

29 **ORLANDO, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

25 Zip

26 Country

30 Zip

31 Country

27 **32825**

28 **U.S.A.**

29 **32825**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURDETTE, DOUGLAS PAT
4642 HALL RD
ORLANDO FL 32817**

81 Name **SAME**
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 of applicant (If title of registered agent is required when no statute)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	BURDETTE, DOUGLAS PAT	
STREET ADDRESS	4642 HALL RD	
CITY- ST- ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURDETTE, DOUGLAS PAT	
STREET ADDRESS	4642 HALL RD	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, MARK T	
STREET ADDRESS	4642 HALL ROAD	
CITY- ST- ZIP	ORLANDO FL	
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		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT BURDETTE

PRESIDENT

4-29-96

4076771440
Date Day/Year/Phone #

CR2E034 (12/95)