

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K06393 (8)

1. Corporation Name
ART'S MOVING OF SARASOTA, INC.

Principal Place of Business
2804 SAFE HARBOR CIRCLE
SARASOTA FL 34231

Mailing Address
2804 SAFE HARBOR CIRCLE
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6350 Gateway Ave.		26 6350 Gateway Ave		12/10/1987	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Sarasota FL 34231		28 Sarasota FL 34231		65-0021397	
24 34231		29 34231		5. Certificate of Status Desired	
Country		Country		Applied For	
Sarasota		Sarasota		Not Applicable	
30 Sarasota		31 Sarasota		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
HUIE, W. GRADY		81 Name		Trust Fund Contribution	
2201 RINGLING BLVD		82 Street Address (P.O. Box Number is Not Acceptable)		5.00 May Be Added to Fees	
SUITE 104		83		8. This corporation owes or has paid the current year Intangible	
SARASOTA FL 34237		84 City		Personal Property Tax due June 30.	
		FL		Yes No	
		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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRANT, JAMES H.	1.1 TITLE	Vice Pres.-Dir.
NAME	2804 SAFE HARBOR CIRCLE	1.2 NAME	Grant, James H.
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	2804 Safe Harbor Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE	O GRANT, GERALDINE A.	2.1 TITLE	
NAME	2804 SAFE HARBOR CIRCLE	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	President
NAME		3.2 NAME	Grant, Kathy J
STREET ADDRESS		3.3 STREET ADDRESS	6350 Gateway Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE		4.1 TITLE	Treasurer/Sec/D
NAME		4.2 NAME	Grant, Timothy J
STREET ADDRESS		4.3 STREET ADDRESS	6350 Gateway Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Kathy J. Grant

941-924-7920

CP2E034 (10/97)