

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 # **K66907** (2)

1. Corporation Name

SOUTHEASTERN MOVING SYSTEMS, INC.

Principal Place of Business

%TIMOTHY L. SNYDER
832 NW 30 AVENUE, STE 400
OCALA FL 32675

Mailing Address

%TIMOTHY L. SNYDER
832 NW 30 AVENUE, STE 400
OCALA FL 32675



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2711

22 City & State

27 Suite, Apt. #, etc.
28 Ocala Florida

23 Zip Country

29 34478 30 USA

3. Date Incorporated or Qualified

02/20/1989

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2944821

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, TIMOTHY L.
832 NW 30 AVENUE
SUITE 400
OCALA FL 32675

81 Name

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 if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
SNYDER, TIMOTHY L.
STREET ADDRESS
832 NW 30 AVE STE 400
CITY-ST-ZIP
OCALA FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

8.2 NAME
8.3 STREET ADDRESS
8.4 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: Timothy L. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96
Date

352-867-7300
Daytime Phone #

CR2E034 (12/95)