# 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 # **K70235** **(2)**

1. Corporation Name

**AAA RELOCATION & STORAGE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 422 NE 5TH ST.<br>P.O. BOX 2517<br>CRYSTAL RIVER FL 32629 | 422 NE 5TH ST.<br>P.O. BOX 2517<br>CRYSTAL RIVER FL 34423<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

3. Date Incorporated or Qualified: **03/01/1989**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-2936321** [ ] 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

**STIDD, DAVID W.**
**781 NORTH GARDENVIEW TERRACE**
**CRYSTAL RIVER FL 32629**

10. Name and Address of New Registered Agent

81 Name: STIDD, DAVID W.
82 Street Address (P.O. Box Number is Not Acceptable): 9330 FORT ISLAND TRAIL #10
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34423

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) (A NEW Registered Agent signature is required for any change) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | [ ] DELETE | 11 TITLE | PD | [X] Change [ ] Addition |
| NAME | STIDD, DAVID W. | | 12 NAME | STIDD, DAVID W. | |
| STREET ADDRESS | 781 NORTH GARDENVIEW TER | | 13 STREET ADDRESS | 9330 FORT ISLAND TRAIL #10 | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 14 CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | VD | [ ] DELETE | 21 TITLE | | [ ] Change [ ] Addition |
| NAME | SHAW, RONALD | | 22 NAME | | |
| STREET ADDRESS | SHADY KNOLLS ACRE | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LECANTO FL | | 24 CITY-ST-ZIP | | |
| TITLE | SD | [ ] DELETE | 31 TITLE | | [ ] Change [ ] Addition |
| NAME | HOPKINS, DEAN | | 32 NAME | | |
| STREET ADDRESS | 132 N. POMPEO AVE. | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 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 | | |

CR2E034 (12/95)

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)(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:** Dean F. Hopkins DEAN F. HOPKINS, SECRETARY 4-3-96 (352) 795-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #