

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K74607** (8)

1. Corporation Name

C & B MOVING CO., INC.

Principal Place of Business

**C/O CRAIG SHAW
1200 SOUTH HIGHWAY 85
CRESTVIEW FL 32536**

Mailing Address

**C/O CRAIG SHAW
1200 SOUTH HIGHWAY 85
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/22/1989

3a. Date of Last Report
05/26/1994

4. FEI Number
59-2942833

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

**SHAW, CRAIG
1200 SOUTH HIGHWAY 85
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

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 this if applicable

NOTE: Registered Agent signature required with filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SHAW, CRAIG
4563 SCARLET DRIVE
CRESTVIEW FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SHAW, BRETT
713 POINCIANA DRIVE
GULF BREEZE FL 32561**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KING, CYNTHIA SHAW
103 NAVAJO TRACE
CRESTVIEW FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
SHAW, FOY
339 ADAMS DR
CRESTVIEW FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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 110.07(3)(b), 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:

Foy Shaw

Foy Shaw

5/10/95 904 689 1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE