

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 # **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**

3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 05/12/1995
4. FEI Number 59-2942833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 (if not applicable)

(If SEF Registered Agent, signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHAW, CRAIG <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, CRAIG	1.2 NAME	
STREET ADDRESS	4563 SCARLET DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL 32536	1.4 CITY - ST - ZIP	
TITLE	D SHAW, BRETT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BRETT	2.2 NAME	
STREET ADDRESS	713 POINCIANA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL 32561	2.4 CITY - ST - ZIP	
TITLE	D KING, CYNTHIA SHAW <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CYNTHIA SHAW	3.2 NAME	
STREET ADDRESS	103 NAVAJO TRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL 32536	3.4 CITY - ST - ZIP	
TITLE	TD SHAW, FOY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, FOY	4.2 NAME	
STREET ADDRESS	339 ADAMS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

(904) 682-2765

CR2E034 (12/95)