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 # **L34769** **(4)**

1. Corporation Name

A & M MOVING AND STORAGE, INC.

Principal Place of Business	Mailing Address
6716 BEST FRIEND RD. NORCROSS GA 30071	6716 BEST FRIEND RD. NORCROSS GA 30071

3. Date Incorporated or Qualified: **12/04/1989**
3a. Date of Last Report: **05/08/1995**

2. Principal Place of Business
21: **9506 N. Trask St.**
22: Suite, Apt. #, etc.
23: City & State: **Tampa, Fla. 33624**
24: Zip
25: Country

2a. Mailing Address
26: **9506 N. Trask St.**
27: Suite, Apt. #, etc.
28: City & State: **Tampa, Fla. 33624**
29: Zip
30: Country

4. FEI Number: **59-2987067** ☐ 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

LYONS, GARY W ESQUIRE
311 S. MISSOURI AVENUE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: **Gary Laplant**
82 Street Address (P.O. Box Number is Not Acceptable)
83: **9506 N. Trask St.**
84 City: **Tampa, Fla.** **FL** 85 Zip Code: **33624**

11. Pursuant to the provisions of Sections 607.0502 and 607.1403, 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 _____ DATE
Signature, typed or printed name of registered agent and Title if applicable — NOTE: Registered Agent signature required when this is filed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☒ DELETE	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	STEVENS, ARCHIE H		1.2 NAME	Laplant, Gary	
STREET ADDRESS	6716 BEST FRIEND RD.		1.3 STREET ADDRESS	9506 N. Trask St.	
CITY-ST-ZIP	NORCROSS GA 30071		1.4 CITY-ST-ZIP	Tampa, Fla. 33624	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300001860923	
STREET ADDRESS			6.3 STREET ADDRESS	-06/13/96--01015--043	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***225.00	

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)(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: _____ Gary Laplant — 813-932-0153 — 6/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #