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

APPROVED AND FILED

95 APR 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84131** **(6)**

1. Corporation Name

AAA FATHER & SONS MOVING, CO.

Principal Place of Business	Mailing Address
% J. SCOTT LANFORD 200 S HARBOR CITY BLVD. SUITE 201 MELBOURNE FL 32901	% J. SCOTT LANFORD 200 S HARBOR CITY BLVD. SUITE 201 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1990	3a. Date of Last Report: 05/01/1994		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3017107	☐ Applied For ☐ Not Applicable
21 110 TOMAHAWK DR.	26 AAA FRANK & SONS MOVE CO.		
Suite, Apt. #, etc.: 22 SUITE-B	Suite, Apt. #, etc.: 27 110 TOMAHAWK DR. SUITE-B	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 INDIAN HARBOR BCH FL.	City & State: 28 I.H.B. FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 32937 Country: 25 BREVARD	Zip: 29 32937 Country: 30 BREVARD	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
LANFORD, J. SCOTT SPECTRUM CENTRE, SUITE 201 200 S HARBOR CITY BOULEVARD MELBOURNE FL 32901	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 _____ NOTE: Registered Agent signature required when reinstating. DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TODISCO, FRANK, SR.	12 NAME	
STREET ADDRESS	109 BAY DRIVE, N.	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TODISCO, MICHAEL	22 NAME	
STREET ADDRESS	109 BAY DRIVE, N.	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TODISCO, CAROL ANN	32 NAME	
STREET ADDRESS	109 BAY DRIVE, N.	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Carol A. Todisco Carol A. Todisco 4/18/95 407-777-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000841 CP