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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 184131



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90171 043 ***150.00

1. Corporation Name					ļ			
AAA FATHER & SONS MOVING & STORAGE, CO.						61611 61		. 611 61 6 11 1 8 61
					_	A HI o n did ii a t	<u>. Dil didil didil di</u>	HERI BAHIK KEBA
Principal Place of Business Mailing Address								•
7801 ELLIS RD 7801 ELLIS RD WEST MEIR FI 32904 WEST MEIR FL 32904								
WEST MELB FL 32904 US US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			}
					06/28/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	•	<u> </u>	plied For
21		26			<u>59-3017107</u>		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	
22		City & State			9. Election Compaign Financing		\$5.00	·
City & State	e	28			Election Campaign Financing Trust Fund Contribution		Added to	
23 [Zip	Country	Zip	Count	Try	8. This corporation owes the curre	nt vear Inte		
24	25	29 3	_	•	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,		□No
24	9. Name and Address of Currer				10. Name and Address of New Ro	egistered /	Agent	
			8	Name				
LANFORD, J. SCOTT				12 Street Addr	ress (P.O. Box Number is Not Acceptal			
3125 W. NEW HAVEN AVE.				0.0007.000	(
200				33				
W. MELBOURNE FL 32904			5	34 City			85 Zip C	Code
			1	1 7		<u>FL</u>	. `	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the abo	ove-named corp	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of	changing its	registered gistered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statut	es.	on's popid of directors. Thereby accept	. and appear		,
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gent signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	IRS IN 12
12.	OFFICERS AND DIRECTORS D A D D D D D D D D D D D		13.	F	ADDITIONS/CHANGES TO OTT	IOLINO AIV	Change	Addition
TITLE	D TODISEO, PRANK, SR//	, <u>A</u> becele	1.2 NAM					_
NAME	100 BAY DRIVE, N.			EET ADDRESS				
STREET ADDRESS	INDIAN HARBOR BCH FL			'-ST-ZIP				ļ
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETE	2.1 TITL				☐ Change	☐ Addition
	TODISCO, MICHAEL	_	2.2 NAM	IE		-		.
NAME STREET ADORESS	109 BAY DRIVE, N.		ľ	EET ADDRESS	• • • • • • • • • • • • • • • • • • • •			
	INDIAN HARBOR BCH FL			Y-ST-ZIP				
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITL				☐ Change	☐ Addition
NAME	TODISCO, CAROL ANN		3.2 NAV	:E				
STREET ADDRESS	109 BAY DRIVE, N.		3.3 STR	EET ADORESS				
CITY-ST-ZIP	INDIAN HARBOR BCH FL		3.4. CIT	Y-ST-ZIP				
TITLE	•	☐ DELETE	4.1 TITL	E			Change	☐ Addition
NAME			4, 2 NA	ME				Ì
STREET ADDRESS			4.3 STR	EET ADDRESS				}
CITY-ST-ZIP			4.4 CITY	r-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	1			Change	Addition
NAME			5.2 NAM	,				'
STREET ADDRESS				EET ADDRESS			•	
CITY-ST-ZIP		——————————————————————————————————————	5.4 CIT) 6.1 TITL	/-ST-ZIP			Change	Addition
ΠΠLE		☐ DELETE	6.1 IIIL					
NAME		•						
STREET ADDRESS	1.		0.3 STK	EET ADDRESS				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: