

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 # L97092

1. Corporation Name

A PERSONAL TOUCH VAN LINES INC.

Principal Place of Business

3758 SOUTHEAST 2ND PLACE
CAPE CORAL FL 33904

Mailing Address

3758 SOUTHEAST 2ND PLACE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
08/15/1990

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 1839 N. TAMiami TRail
Suite, Apt. #, etc.

26 1839 N. TAMiami TRail
Suite, Apt. #, etc.

4. FEI Number

65-0208858

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

23 N. 7th MYERS FL
City & State

28 N. 7th MYERS FL
City & State

24 33903
Zip Country

29 33903
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGOSTA, JOSEPH S.
3758 SOUTHEAST 2ND PLACE
CAPE CORAL FL 33904

81 Name JOSEPH S. AGOSTA
82 Street Address (P.O. Box Number is Not Acceptable)
1839 N. TAMiami TRail
83 N. 7th MYERS FL 33903
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 of the registered agent and the corporation.

(NOTE: Registered Agent signature required when re-registering)

DATE

2/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AGOSTA, JOSEPH S.
STREET ADDRESS 3758 S.E. 2ND PLACE
CITY-STATE-ZIP CAPE CORAL FL

TITLE D
NAME AGOSTA, ELIZABETH
STREET ADDRESS 3758 S.E. 2ND PLACE
CITY-STATE-ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1839 N. TAMiami TRail
N. 7th MYERS FL 33903

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
1839 N. TAMiami TRail
N. 7th MYERS FL 33903

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: Joseph S. AGOSTA 2/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)