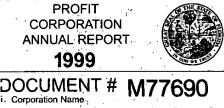
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

FISTER MOVING AND STORAGE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90004 019 ***150.00



725 FRONTAGE RD. N. 3725 FRONTAGE RD. N. AKELAND FL 33809 LAKELAND FL 33809			,					
IS	•	US			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed 04/22/1988			
· Principal P	face of Business	2a. Mailing Address			4. FEI Number	. Ar	plied For	
7		26			62-1350600	<u> </u>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75		
27					5. Certificate of Status Desired	Fee Re	equired	
City & Stat	9	City & State	•	• •	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Country	у	This corporation owes the current year I Personal Property Tax.	Intangible XYes	□No	
<u></u>	9. Name and Address of Current		30		10. Name and Address of New Registere			
. "	9. Name and Address of Current	Registered Agent	81	Name	IV. Name and Address of New Registere	u Agent	****	
BRO	WNING RANDY	, v	82		ess (P.O. Box Number is Not Acceptable)			
3725	FRONTAGE RD. N.	• 1	"	- Ollost Addit	rate the acceptable at the property of the	of fights office on Str.	green angereiter	
LAKI	ELAND FL 33809		83	3	三方式的 其實施			
			84	City		85 Zip	Code	
eng grandista	7 70 E.	and 007 4000 Finding 01 5 6		1	pration submits this statement for the purpose	of changing #s	roalatora-	
S agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Age	ent signature required	when reinstating) $i_1 = i_2 i_3$, DATE			
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	R\$ IN 12	
TLE	DP	☐ DELETE	1.1 TITLE		W-180490	Change	Addition	
AME .	FISTER, MICHAEL		1.2 NAME		On the self of the	-		
ŀ	2305 PALUMBO DR.							
			1.3 STREE		· ·			
ITY-ST-ZIP	LEXINGTON KY	The same	1.4 C/TY-5			□C\		
TY-ST-ZIP	LEXINGTON KY	☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition	
TLE	LEXINGTON KY D FISTER, KATHY	☐ DELETE	1.4 C/TY-5	ST-ZIP		Change	Additio	
TLE	LEXINGTON KY D FISTER, KATHY 2305 PALUMBO DR.	☐ DELETE	1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP		Change	Addition	
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