

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49930** ✓

1. Corporation Name

MEN ON THE MOVE, INC.

Principal Place of Business

**505 MARTIN LUTHER KING JR. AVENUE
SUITE 1
LAKELAND FL 33801**

Mailing Address

**505 MARTIN LUTHER KING JR. AVENUE
SUITE 1
LAKELAND FL 33801**

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 037 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/17/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3298586	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**GLOVER, KENNETH C.
505 MARTIN LUTHER KING JR. AVENUE
SUITE 1
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROOSEVELT	1.2 NAME	Benjamin Forte
STREET ADDRESS	1909 WEST LAVON STREET	1.3 STREET ADDRESS	4001 Smith Ryals Road
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Plant City, Florida 33567
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, T.J.	2.2 NAME	Leon Cobbs
STREET ADDRESS	1905 W. LAVON	2.3 STREET ADDRESS	1005 Parker Road
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Florida 33811
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBBS, LEON	3.2 NAME	Ron Webley
STREET ADDRESS	1005 PARKER RD	3.3 STREET ADDRESS	3628 W. Wheeler Street
CITY-ST-ZIP	LAKELAND FL 33811	3.4 CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT	4.2 NAME	Wendell O. Blake
STREET ADDRESS	1031 W. 14 ST.	4.3 STREET ADDRESS	5514 Kings Mont Drive
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, Florida 33813
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDERS, RAY	5.2 NAME	David Hamilton
STREET ADDRESS	1830 W. BELLA VISTA DR.	5.3 STREET ADDRESS	1040 W. 14th Street
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, Florida 33805
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99
Date

Daytime Phone #

CR2E037 (11/98)

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