


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1999 JUL 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000046

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000002772		
1. Corporation Name MEN ON THE MOVE SERVICES, INCORPORATION		
Principal Place of Business 815 SUNDOWN LANE TALLAHASSEE FL 32310	Mailing Address 815 SUNDOWN LANE TALLAHASSEE FL 32310	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/14/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3516413
24 Country	29 Country	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEFFREY, ALFONZA 396 PETERS RD. MIDWAY FL 32343	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: *Lance King* DATE: 7/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Secretary - D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lance King	1.2 NAME	
STREET ADDRESS	815 Sundown Lane	1.3 STREET ADDRESS	300002946653--6
CITY-ST-ZIP	Tallahassee, Fla. 32310	1.4 CITY-ST-ZIP	-07/30/99--01118--014
TITLE	Henry L. Jeffrey Sr - D <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry L. Jeffrey Sr - D	2.2 NAME	
STREET ADDRESS	P.O. Box 103 - 32080	2.3 STREET ADDRESS	
CITY-ST-ZIP	Midway, Fla 32343	2.4 CITY-ST-ZIP	
TITLE	Vice-President - D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Guggs	3.2 NAME	
STREET ADDRESS	P.O. Box 333 32343	3.3 STREET ADDRESS	
CITY-ST-ZIP	Midway Fla	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Lance King* / LANCE King DATE: 7/16/99 850-891-1011

CR2E037 (5/99)