

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:26

DOCUMENT # P02430

(7)

1. Corporation Name

RAY THE MOVER OF NAPLES, INC.

Principal Place of Business

Mailing Address

3861 DOMESTIC AVE./
NAPLES FL 33942

3861 DOMESTIC AVE./
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

02-0357482

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMARGE, JOHN
751 YORK TERRACE
NAPLES FL 33942

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 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]

(NOTE: Registered Agent signature required when reappointing)

DATE

1/21/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	ALLARD, RAYMOND R.
STREET ADDRESS	35 LOIS STREET
CITY - ST - ZIP	MANCHESTER NH
TITLE	S
NAME	DUNN, CHARLES J.
STREET ADDRESS	95 MARKET STREET
CITY - ST - ZIP	MANCHESTER NH
TITLE	VP PD
NAME	SMARGE, JOHN
STREET ADDRESS	751 YORK TERRACE
CITY - ST - ZIP	NAPLES FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	LOGAN, RONALD E.	
1.3 STREET ADDRESS	1079 LA STRADA LANE	
1.4 CITY - ST - ZIP	NAPLES, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 110.07(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 added in attachment with *and* *from*.

SIGNATURE:

[Signature]

(SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Type in 1 Year)

1/21/95

813-643-4100