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 # **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**

3. Date Incorporated or Qualified: **06/15/1984**

3a. Date of Last Report: **01/31/1995**

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. Is this corporation filing voluntarily pursuant to s. 193.052, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMARGE, JOHN
751 YORK TERRACE
NAPLES FL 33942

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 Section 607.0502 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 607.0505, Florida Statutes.

SIGNATURE [signature] 1/18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	ALLARD, RAYMOND R.		2 NAME	
STREET ADDRESS	35 LOIS STREET		3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH		4 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME	DUNN, CHARLES J.		6 NAME	
STREET ADDRESS	95 MARKET STREET		7 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH		8 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	9 TITLE	[ ] Change [ ] Addition
NAME	SMARGE, JOHN		10 NAME	
STREET ADDRESS	751 YORK TERRACE		11 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		12 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	13 TITLE	[ ] Change [ ] Addition
NAME	LOGAN, RONALD E.		14 NAME	
STREET ADDRESS	1079 LA STRADA LANE		15 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		16 CITY-ST-ZIP	
TITLE		[ ] DELETE	17 TITLE	[ ] Change [ ] Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this amendment with an address.

SIGNATURE: [signature] John C. Smarge, Pres 1/18/96 941-643-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)