

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:59

DOCUMENT # P93000011806 (5)

1. Corporation Name

ALL COUNTY MOVING AND STORAGE, INC.

Principal Place of Business

211 LOBSTER ROAD
PORT ST. LUCIE FL 33983

Mailing Address

211 LOBSTER ROAD
PORT ST. LUCIE FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
08/18/1994

2. Principal Place of Business

21 5001 N.E. HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 [REDACTED]

4. FEI Number
65-0511855

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

22 City & State

23 [REDACTED]

24 Zip

25 Country

27 City & State

28 [REDACTED]

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RIZZUTI, JOSEPH R
3125 S.W. MAPP ROAD
PALM CITY FL 34990

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 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

VINCENT MUSSO 11/6/95

[Signature]

4/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
MUSSO, VINCENT
211 LOBSTER ROAD
PORT ST. LUCIE FL 34990

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

2.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
HAWLEY, JAMES
211 LOBSTER ROAD
PORT ST. LUCIE FL 34990

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

3.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

4.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

5.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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)(b), 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 as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

5/18/95

1-467-2870275