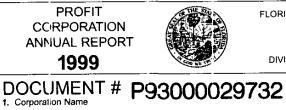
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999

A-1 GUNN MOVING & STORAGE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90300 045 ***150.00



Principal Place of Business Mailing Address							181: 8 1: 8:8 1 B: 1: 1 B B B	
94 N EDGEWOOD AVE 694 N EDGEWOOD AVE ACKSONVILLE FL 32205 JACKSONVILLE FL 32205				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						05/01/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Α	pp led For
<u></u>		26						ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_	\$8.75	Additional
3		27				5. Certificate of Status Desired	Fee R	equired
City & S at	e	City & State				6. Election Campaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Intangible	
4	25	29	30			Personal Property Tax.	Yes	[]No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registe	red Agent	
				81	lame			
GUNN, DAVID				82 5	Street Acdr	ress (P.O. Box Number is Not Acceptable)		
	N EDGEWOOD AVE),, oo, , , co.			
JACI	ksonville fl 32205			83				
				24	N		85 Zip	Code
				84 (City		FL 13 2 15	o suc
office ∢rr	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was trons of, Section 607.0505, F	authorized I∋rida Stati	t by the utes.	e corporatio	poration submits this statement for the purposon's board of cirectors. It hereby accept the a	prominent as n	eg stered
	Signature, typed or printed name of registered ager			Agent sig	mature require	ADDITI()NS/CHANGES TO OFFICERS		OES IN 12
12.	D OFFICERS AN	DIRECTORS DELETE	13.	TI F		ADDITIONS OF A TO OF THE EN	☐ Change	
TITLE	-	_ DECE 12	1.2 N/					_
NAME	GUNN, DAVID				ODECC			
STREET ADDRESS	694 N EDGEWOOD AVE			REET AD	ľ			
CITY-ST-ZIP	JACKSONVILLE FL 32205	DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
IIILE	D DAMES A	□ prtrir		2.1 MLE 2.2 NAME				
NAME	GUNN, PAMELA				PDE00			
STREET ADDRESS	694 N EDGEWOOD AVE			2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32205	☐ DELETE	2. 4 C	ITY-ST-Z	IP		Change	Addition
TITLE		□ becele						
NAME			3.2 N					- 1
STREET ADDRESS				TREET AD				-
CITY-ST-ZIP		☐ DELETE		ITY-ST-Z	IP		Change	Addition
TITLE			41 TI					
NAME			4 2 N		00555			
STREET ADDRESS				TREE! AD	+			
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI	TY-ST-ZI	<u> </u>		Change	Addition
TITLE			5.1 II 5.2 N/					
NAME				TREET AD	DRESS			
STREET ADDRESS				TY-ST-Z				
CITY-ST-ZIP			6.1 TI		-		☐ Change	Addition
TITLE			62 N					
NAME				TREET AD	DRESS			
STREET ADDRESS				TY-ST-ZI				
CITY-ST-ZIP			0.4 U	111-31-ZI	'			

fion supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the ir formation 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 an ition or the receiver or trustee empowered to execute this report as required by Chapter 607, Blorida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report officer or director of the corporation. Block 12 or Block 13 if ch