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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P94000020504	(4)
Corporation Name		- N - 7

**RANDY MOVING COMPANY** Principal Place of Business Mailing Address 841 N.E. 156 TERR. 841 N.E. 156 TERR. MIAMI FL 33162 MIAMI FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1994 04/18/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0474475 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOTT, RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 82 841 N.E. 156 TERR. 83 **MIAMI FL 33162** 84 City Zip Code 85 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELE1E 1. 1 TITLE ☐ Change Addition NAME SCOTT, RANDOLPH 1.2 NAME STREET ADDRESS 841 N.E. 156 TERR. 1.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33162** 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THILE □ DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 119.07(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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in hanged, or on an attachment with an address.

RANGOLPHSCOTT. 4-25-96 -948-4807

(12/95)

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