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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039057 (2)

ROLAND & SON MOVING, INC.

Mailing Address Principal Place of Business 5060 SW 64TH AVE. 5060 SW 64TH AVE. SUITE 203 SUITE 203 DAVIE FL 33314-5226 DAVIE FL 33314 3. Date incorporated or Qualified 3a. Date of Last Report 05/24/1994 04/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0492878 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zφ This corporation has liability for intangible tax under s. 199.032, 24 Yes X No Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBBINS & LANDINO P.A. 4901 N.W. 17TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 305** 83 FT LAUDERDALE FL 33309 City 65 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. Signalure, typerfor pointed name of registered agont and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. 96/6) DEST DELETE Change Addition THE 1.1 TITLE ROLAND, JOHN NAME 1.2 NAME 5060 SW 64TH AVE. 1.3 STREET ADDRESS STREET ADORESS **DAVIE FL 33314** 1.4 CITY-ST-ZIP CITY - ST - ZIP THEF DELETE 2.1 TITLE ☐ Change Addition 2.2 NAME NAM-STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition THEE 3.1 TITLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY: \$1-7IP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TOTLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CHY ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition 61 TITLE Table 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECT

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-10-87 954-791-1919

FILED

Apr 14 1997 8:00am

Secretary of State