


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90088 049 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000016648					
1. Corporation Name L & P MOVING CENTER INC.					
Principal Place of Business 72 E. NINE MILE ROAD PENSACOLA FL 32534			Mailing Address 72 E. NINE MILE ROAD PENSACOLA FL 32534		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1995	
21		26		4. FEI Number 59-3292823	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24	25	29	30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LINDLEY, C V 9729 SHADOW WOOD DRIVE PENSACOLA FL 32514			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	LINDLEY, C.V.				
STREET ADDRESS	9729 SHADOW WOOD DR				
CITY-ST-ZIP	PENSACOLA FL 32514				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	FREEMAN, ALEX G				
STREET ADDRESS	5069 HIGH POINT DR				
CITY-ST-ZIP	PENSACOLA FL 32505				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME DONALD E. BUTLER					
2.3 STREET ADDRESS 9892 HARLINGTON ST					
2.4 CITY-ST-ZIP CANTONMENT, FL 32533					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME S/T					
3.3 STREET ADDRESS JANICE M. LINDLEY					
3.4 CITY-ST-ZIP 9729 SHADOW WOOD DR					
3.5 CITY-ST-ZIP PENSACOLA, FL 32514					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.V. LINDLEY 1-8-99 852-484-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)