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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000022008 (3)

CLARK'S MOVING & STORAGE, INC.

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Denoinal	Diago of	Dunings	

Mailing Address



911 KINGST BRADENTOI		911 KINGSTON ROAD BRADENTON FL 34210		Date Incorporated or Qualified	3a. Date of Last Report		
				03/17/1995			
2. Principal Pla		2a. Mailing Address	. 0	4. FEI Number	Applied	1 For	
	NORTHGATE CT.		THGATE C	T. 65-0567790	Not Ap	olicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additi		
City & State  SARA:		City & State 28 SARASOTA	, FL	Election Campaign Financing     Trust Fund Contribution	S5.00 May Added to Fe		
zip 24 3423		zip 29 34234 3	Country  SARASO		□No	32,	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New F	tegistered Agent		
343 ALMERIA AVE.			82 Street / 83	5108 89 TH STREET WEST			
			84 City C	PRADENTON	FL 85 70 Code 342	10	
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of Section	. Such change was authorized b	ne above-named co	rporation submits this statement for the pur poard of directors. I hereby accept the app	pose of changing its registered ointment as registered agent.	ed office I am	
SIGNATURE	Signature, typed or printed name of registered agont an	- AL	AN W. CLA logistered Agent signature re	EK quired wher reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN	12	
THTLE	P	DELETE	1.1 TITLE		Change 🔲 A	Addition	
NAME	CLARK, ALAN W		1.2 NAME		141-0-4		
STREET ADDRESS	911 KINGSTON ROAD		13 STREET ADDRESS	5108 89TH STREET BRADENTON, FL 34	WEST		
CITY - ST - ZIP	BRADENTON FL 34210		14 CITY-ST-ZIP	BRADENTUN, FL 34	210		
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ A	Addition	
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP	_			
TITLE		☐ DELETE	3. 1 TITLE		Change 🗀 A	ddition	
NAME			3.2 NAME				
STREET ADDRESS		!	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY - ST - ZIP				
THILE		☐ DELETE	4. 1 TITLE		☐ Change ☐ A	ddition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-SI-ZIP			4.4 CITY - ST - ZIP				
TITLE	-	☐ DELETE	5 1 TITLE		Change A	ddition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
THILE		☐ DELETE	6. 1 TITLE		Change A	lddition	
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				
certify that oath; that I	the information indicated on this annual	report or supplemental annual r ion or the receiver or trustee en	eport is true and acc	ry for the exemption stated in Section 119. curate and that my signature shall have the this report as required by Chapter 607, Fk	same legal effect as if made	under	

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/96 941-355-6776