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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035278 (7)

FLORIDA FAMILY MOVING, INC. Principal Place of Business Mailing Address 1803 BAYOU GRANDE BLVD. NE 1803 BAYOU GRANDE BLVD. NE ST PETERSBURG FL 33703-1909 ST PETERSBURG FL 33703 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3317295 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 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 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMPSON, DRAKE F 1803 BAYOU GRANDE BLVD. NE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33703 83 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, am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes. Stgrature Typed or per thic name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstaling) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE Change Addition 1 1 TITLE TITLE THOMPSON, DRAKE F NAM 1.2 NAME 1803 BAYOU GRANDE BLVD. NE STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33703 CHY-St 78 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET AUDRESS 2.4 CITY-ST-ZIP CITY-ST ZIF DELETE Change Addition TUTLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(TY-ST-Z)P CITY - 51 - 21F Change DELETE Addition 4.1 TITLE THLE NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-\$7-ZIP CHY-S1-ZIF TITLE DELETE 5.1 TITLE ☐ Change Addition | 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-S1-Zir 54 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 62 NAME NAMÉ STREET ADDRESS 6.3 STREET ADDRESS 64 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 appears in Block 12 or Block 13 if changed, or op an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICE OF DIRECTOR

4-30-97

Daytime Phone #

FILED

May 14 1997 8:00am

Secretary of State