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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1998 8:00am

Secretary of State

Sandra B₁ Morthgm

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 ST PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3317295 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name THOMPSON, DRAKE F 1803 BAYOU GRANDE BLVD. NE 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33703 83 84 City Zip Code ₿5 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE Signature, typind or printed name of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition 1.1 TITLE TITLE THOMPSON, DRAKE F NAME 12 NAME 1803 BAYOU GRANDE BLVD. NE STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 7IP DELETE Change ☐ Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

14. Thereby 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 eath; 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 or an attachment with an address.