

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

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096642**

1. Corporation Name

AMERICAN HERITAGE RELOCATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business 815 S. Main St., 6th Floor Jacksonville, FL 32207 United States	Mailing Address 815 S. Main Street, 6th Flr. Jacksonville, FL 32207 United States
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3. Date Incorporated or Qualified December 21, 1995	3a. Date of Last Report
4. FEI Number 59-3358757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**Robert J. Price
815 South Main Street, 6th Floor
Jacksonville, Florida 32207**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DC	<input type="checkbox"/> DELETE
NAME Stephen M. Suddath	
STREET ADDRESS 815 S. Main Street, 6th Floor	
CITY-STATE-ZIP Jacksonville, FL 32207	
TITLE CEO	<input type="checkbox"/> DELETE
NAME A. Quinn Bell	
STREET ADDRESS 815 S. Main Street, 6th Floor	
CITY-STATE-ZIP Jacksonville, FL 32207	
TITLE P	<input type="checkbox"/> DELETE
NAME Barry S. Vaughn	
STREET ADDRESS 815 S. Main St., Jax., FL 32207	
CITY-STATE-ZIP Jacksonville, FL 32207	
TITLE VPTD	<input type="checkbox"/> DELETE
NAME Robert J. Price	
STREET ADDRESS 815 South Main Street, 6th Floor	
CITY-STATE-ZIP Jacksonville, FL 32207	
TITLE VP	<input type="checkbox"/> DELETE
NAME James G. Barnett	
STREET ADDRESS 815 S. Main St., 6th Floor	
CITY-STATE-ZIP Jacksonville, FL 32207	
TITLE SD	<input type="checkbox"/> DELETE
NAME Barbara S. Strickland	
STREET ADDRESS 815 S. Main Street, 6th Floor	
CITY-STATE-ZIP Jacksonville, Florida 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

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14. I certify by this statement 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 required for 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 the 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Price, V.P., Treasurer & Director

02/20/97 (904) 390-7100

CR2E034 (9/96)