

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096642 (0)**
1. Corporation Name
AMERICAN HERITAGE RELOCATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207	Mailing Address 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/21/1995	
4. FEI Number 59-3358757		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	
7. This corporation owes or has paid the current year Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent PRICE, ROBERT J 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 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	
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	SUDDATH, STEPHEN M	1.2 NAME	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	
NAME	BELL, QUINN A	2.2 NAME	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	VAUGHN, BARRY S	3.2 NAME	
STREET ADDRESS	815 SOUTH MAIN STREET 6TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PRICE, ROBERT J	4.2 NAME	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	BARNETT, JAMES G	5.2 NAME	
STREET ADDRESS	815 SOUTH MAIN STREET 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	STRICKLAND, BARBARA S	6.2 NAME	
STREET ADDRESS	815 S. MAIN STREET 6TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	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.

SIGNATURE: *Robert J. Price* 01-19-98 904/390-7100

CR2E034 (10/97)