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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90149 035 ***150.00

DOCUMENT #	P96000016551
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1. Corporation Name

A-1 ORLANDO MOVING & STORAGE, INC. Mailing Address Principal Place of Business 7331 PRESIDENTS DRIVE 7331 PRESIDENTS DRIVE ORLANDO FL 32809 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

						3.	Date Incorporated or Qualifed 02/20/1996		
2.	Principal Place of Business	2a	Mailing Address			4.	FEI Number		Applied For
1		26					59-3362729		Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required
<u>-</u>	City & State	28	City & State		-	6.	Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
4	Zip Country	29	Zip Co	untry		8.	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes	□No
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registere	d Agent	
JOHNSON, WADE F JR. 118 E. JEFFERSON STREET ORLANDO FL 32801				81 82 83	733	is (F	PRESIDENTS DR		
					City		_	- 85	Zip Code

	•			RLANDO		809				
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	Signature, typed or printed name of registered agent and title if app	xicable. Purud	egistered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO					
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	WILSON, CELIA		1.2 NAME							
STREET ADDRESS	1510 GULF BLVD., #102		1.3 STREET ADDRESS							
CITY-ST-ZIP	INDIAN ROCK BEACH FL 33785		1.4 CITY-ST-ZIP							
TITLE		☐ DELETE	2.1 TITLE	_	Change	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	☐ Addition				
NAME	The state of the s		3.2 NAME	· · ·	•	•				
STREET ADDRESS	·		3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME	•		4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			\$				
CITY-ST-ZIP	_		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition				
NAME	•		5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

