

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

FILED

May 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042826 (3)

1. Corporation Name
MOVE OVER, INC.

Principal Place of Business
1330 BOWMAN STREET
CLERMONT FL 34711

Mailing Address
P.O. BOX 121155
CLERMONT FL 34712-1155



3. Date Incorporated or Qualified
05/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3379483

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACEK, DEBRA M
~~17049 W. STATE ROAD 30~~ 1330 BOWMAN ST.
~~KILLARNEY FL 34740~~ CLERMONT, FL 34711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LACEK, MARK
STREET ADDRESS ~~17049 W. STATE ROAD 30~~
CITY - ST - ZIP ~~KILLARNEY FL 34740~~

DELETE

1.1 TITLE Director
1.2 NAME
1.3 STREET ADDRESS 1330 BOWMAN ST.
1.4 CITY - ST - ZIP CLERMONT, FL 34711

Change Addition

TITLE D
NAME LACEK, DEBRA
STREET ADDRESS ~~17049 W. STATE ROAD 30~~
CITY - ST - ZIP ~~KILLARNEY FL 34740~~

DELETE

2.1 TITLE President
2.2 NAME
2.3 STREET ADDRESS 1330 Bowman St.
2.4 CITY - ST - ZIP CLERMONT FL 34711

Change Addition

TITLE D
NAME KILPATRICK, JOHN W
STREET ADDRESS ~~433 75TH AVE.~~
CITY - ST - ZIP ~~ST. PETE BEACH FL 33708~~

DELETE

3.1 TITLE Director
3.2 NAME
3.3 STREET ADDRESS 1330 Bowman St.
3.4 CITY - ST - ZIP CLERMONT FL 34711

Change Addition

TITLE D
NAME KILPATRICK, KELLEY
STREET ADDRESS ~~433 75TH AVE.~~
CITY - ST - ZIP ~~ST. PETE BEACH FL 33708~~

DELETE

4.1 TITLE Vice Pres, Sec, Treas
4.2 NAME
4.3 STREET ADDRESS 1330 Bowman St.
4.4 CITY - ST - ZIP CLERMONT, FL 34711

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 on an attachment with an address.

SIGNATURE: *Debra M. Lacey* 4/29/97 352-394-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

4/29/97

CORPORATE DETAIL RECORD SCREEN

10:22 AM

NUM: P96000042826 ST:FL ACTIVE/FL PROFIT

FLD: 05/13/1996

NAME : MOVE OVER, INC.

PRINCIPAL: 1330 BOWMAN STREET

CHANGED: 08/19/96

ADDRESS CLERMONT, FL 34711

MAILING : P.O. BOX 121155

CHANGED: 08/19/96

ADDRESS CLERMONT, FL 34712

RA NAME : LACEK, DEBRA M

RA ADDR : 17949 W. STATE ROAD 50

KILLARNEY, FL 34740 US

ANN REP : * NONE FILED *

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----
ENTER SELECTION AND <CR>:

4/29/97 OFFICER/DIRECTOR DETAIL SCREEN

10:22 AM

CORP NUMBER: P96000042826 CORP NAME: MOVE OVER, INC.

TITLE: D NAME: LACEK, MARK
17949 W. STATE ROAD 50
KILLARNEY, FL 34740

TITLE: D NAME: LACEK, DEBRA
17949 W. STATE ROAD 50
KILLARNEY, FL 34740

TITLE: D NAME: KILPATRICK, JOHN W
433 75TH AVE.
ST. PETE BEACH, FL 33706

TITLE: D NAME: KILPATRICK, KELLEY
433 75TH AVE.
ST. PETE BEACH, FL 33706

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP

7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----
ENTER SELECTION AND <CR>: