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

DOCUMENT # P96000042826 1. Corporation Name

MOVE OVER, INC.

13798 E-11WY-50-

GEEPINONT FE-34241

Principal Place of Business

Mailing Address

P.O. BOX 121155 CLERMONT FL 34712

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90007 001 ***550.00

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DO NOT WRITE IN THIS SPACE

U\$ / .	35 W. HWY50		DO NOT WRITE IN THIS SPACE					
\mathcal{Q}	33 W. HW 130	1 - 1 - 01 -	3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed				
Si	LITEB, CIL	RMONT, PL 3	54 11	[]	05/13/1996			
2. Principal Pi	face of Business	2a. Mailing Address			4. FEI Number	خصلات	oplied For	
11		26			59-3379483		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional	
2		27				Fee Re	equired	
City & State	e	City & State			6. Election Campaign Financing		May Be	
3		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	_ Countr	У	8. This corporation owes the current year Intari			
4	25	29 3	0		T Grounding reporty taxe.	_] Yes	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ac	ent		
1.40	EV DEDDA M		81	I Name				
	EK, DEBRA M	3 14 Not (7)	82	Street				
- 43/4	100 CO 35 W). HW450					<u> </u>	
-CLE	HINDRIFE 31711 SWITE	B	83	3 }				
	CIDON	B 10NT FL 3411	84	1 City		85 Zip	Code	
	CCCA		}	- Ony	FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	re-named	corporation submits this statement for the purpose of ch	anging its	registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autf	norized by	/ the corpo	oration's board of directors. I hereby accept the appoint	nent as re	gisterea	
_	The resignation with the descept the congain	0,10 01, 000,001. 001,0000, 1.01.0		**				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Age	ent signature r	equired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
ITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
AME	LACEK, MARK		1.2 NAME					
STREET ADDRESS	49749 100 50		1.3 STREE	TADDRESS	635 W. HWY 50, SLITE E CLERMONT PL 3411	>		
CITY-ST-ZIP	CLERMONT FL 34711		14 CITY-9	ST-71P	CLERMONT FL 34111			
TITLE	p	☐ DELETE	2.1 TITLE	01-211	000/07/07/	Change	Addition	
NAME	\		2.2 NAME			-		
	LACEK, DEBRA		P	ET ADDRES\$	635 W. HWY 50, SLITEB			
STREET ADDRESS			4		CLERMONT, PL 34711			
CITY-ST-ZIP	CLERMONT PE 34711	☐ OELETE	2.4 CITY-		GERMONITEL SAIII	Hahige	Addition	
TITLE	D D	(T) DECECE	3.1 TITLE		'			
NAME	KILPATRICK, JOHN W		32 NAME		CARLLY HOLD STITER			
ADDRESS			3.3 STREE	TADORESS	G35 W. HWY SD, SLITEB CLERMONT, FL 34711			
ST-ZIP	CLEDWONE TE 34741	FT A F-F	3.4. CITY-	ST-ZIP	LYEKMONI, PL 34111	Change	☐ Addition	
	VPST	☐ DELETE	4.1 TITLE			-gronange	LT MODITION	
- }	KILPATRICK, KELLEY		4. 2 NAME			_		
1 ADDRESS	-13748 E HWY-50		4.3 STREE	T ADDRESS	635 W. HWY 50, SUITE E CLERMONT PL 34711	5		
ST-ZIP	CLERMONT FL-04711		44 CITY-	ST-ZIP	CLERMONT PL 34711	==		
		☐ DELETE	5.1 TITLE			Change	Addition	
			5.2 NAME					
1 ADDRESS			5.3 STREE	ET ADDRESS				
. ST-ZIP			5.4 CITY-1	ST-ZIP				
			6.1 TITLE			Change	☐ Addition	
	}	☐ DELETE						
		☐ DELETE	6.2 NAME				١	
- - ! ADDRESS		☐ DELETE	6.2 NAME	ET ADDRESS				
- i address i		☐ DELETE	6.2 NAME	ET ADDRESS				

indicated on this annual report of 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 chapter 6, or on an attachment with an address, with all other like empowered.