

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000057816 (6)
1. Corporation Name
Affiliated Moving INC.

97 SEP 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3951 N. Forsyth Rd.
Winter Park, FL 32792

3951 N. Forsyth Rd.
Winter Park, FL 32792

3. Date Incorporated or Qualified

3a. Date of Last Report

7-5-96

S-20-97

2. Principal Place of Business

2a. Mailing Address

21 3951 N. Forsyth Rd.

26 3951 N. Forsyth Rd.

4. FEI Number

Applied For

59-3700589

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-7

27 C-7

5. Certificate of Status Desired

☒

\$8.75 Additional

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24 32792

25 Orange

29 32792

30 Orange

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

Russell, Percival A.
3951 N. Forsyth Rd.
Winter Park, FL 32792

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Percival Russell
550 Hattaway Dr.
Alt. Springs, FL 32701

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
C.O.O.
Percival Russell
550 Hattaway Dr.
Alt. Springs, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Smith, Lurline
13455 NE 10th Ave #407
N. Miami, FL 33161

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.P.
Smith, Lurline
13455 NE 10th Ave #407
N. Miami, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
700002309357--1
-10/01/97--01104--015
****165.00 ****165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 23 if changed, on an attachment with an address.

SIGNATURE:

Percival Russell

9-4-97

(679-5500)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)