

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 020 ***158.75

DOCUMENT # P97000036954

1. Corporation Name
ATLANTIC MOVING & STORAGE, INC.

Principal Place of Business
29 INDUSTRIAL LOOP
#177
ORANGE PARK FL 32073

Mailing Address
P. O. BOX 248
ORANGE PARK FL 32067
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24 B Industrial Loop
Suite, Apt. #, etc.
165
City & State
Orange Park, FL
Zip (32073) Country
32073 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
04/24/1997
4. FEI Number
59-3443297
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~PROCTOR, SOL H
233 EAST BAY STREET
SUITE 1015
JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent
81 Name May, Cynthia Cohen
82 Street Address (P.O. Box Number is Not Acceptable)
2783 Frontier Ave
83
84 City Orange Park FL 85 Zip Code 32065

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 Cynthia Cohen May (President/Director) 1/29/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE PD
2. NAME MAY, CYNTHIA COHEN
3. STREET ADDRESS 2783 FRONTIER AVE
4. CITY-ST-ZIP ORANGE PARK FL 32065
5. TITLE VM
6. NAME MAY, JR. H
7. STREET ADDRESS 2783 FRONTIER AVE
8. CITY-ST-ZIP ORANGE PARK FL 32065
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
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29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Cynthia Cohen May (CYNTHIA COHEN MAY) 1/29/99 (904) 262-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (11/98)