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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000077399 (8)

PRO MOVING, INC.						
	:					
Principal Place	e of Business	Mailing Address				F NOBINERS NIR INIST LANGE AND SELSE WHILE ON SELSE WHILE IN THE SELECTION OF SELEC
2655 FAIRFIELD AVE SOUTH 2655 FAIRFIELD AVE SOUTH			OUTH			
ST PETERSBU	JRG FL 33712-1664	ST PETERSBURG FL 33712-1864				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/08/1997
2. Principal Pi	lace of Business	2a. Mailing Address				4 FELNumber
21		26				5 9-3 47605-3 Not Applied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Hequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution	
24 25			29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
10	g. Name and Address of Curren		[00]	T	·	10. Name and Address of New Registered Agent
O'NEIL, JAMES W					Name	
2120 52ND ST S				82	Street Add	Iress (P.O. Box Number is Not Acceptable)
GULFPORT FL 33707				02	Olleet Addi	ileas (1.0. bbx Humber is 110; Acceptable)
:				83		
				84	City	85 Zip Code
						FL
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 agr OFFICERS AN			d Ape	ent signature requi	ADDITIONS OF TAXABLE TO OFFICE DO AND DIRECTORS IN 12
TITLE	D OFFICERS ANI	DELETE	13.	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SHIPLEY, MICHAEL		1.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712		1.4 C	iTY-S	57 - ZIP	
TITLE	D	DELETE	2.1 1			Change Addition
NAME	SKINNER, AARON		2.2 N	AME		
STREET ADDRESS	2655 FAIRFIELD AVE SO		2.3 \$	TREET	ADDRESS	•
CITY-ST-ZIP	ST PETERSBURG FL 33712		2.40	m <u>y-5</u>	ST-ZIP	
TITLE	0	☐ DELETE	3.1 Ti	11LE		Change Addition
NAME	WELSH, FRANCIS		32 N	AME		
STREET ADDRESS			3.3 S	TAEET	ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	DELETE			ST-ZIP	Change Addition
TITLE	D EVINNED HISTIN	☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME OTRECT ADDRESS	SKIN NER, JUSTIN 265 5 FAIRFIELD AVE SO		4.21		ADDRESS	
STREET ADDRESS	ST PETERSBURG FL 33712		- 1	IREE ! ITY-S	ADDRESS 7 719	
CITY-ST-ZIP TITLE	OT TETETODOROTE OUTE	DELETE	5.1 T		11-28	Change Addition
NAME		Small social to	5.2 N		İ	The control of the co
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			. I		T-ZIP	
TITLE		☐ DFLETE	6.1 7			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S	1	
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify	for the ex	emp	tion 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 eath; 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.						

MT Chiple 24 101 98 813 50441731