

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90089 009 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000095218**

1. Corporation Name

**SPRING HILL MOVING & STORAGE, INC.**



Principal Place of Business

**12450 SPRING HILL DR  
SPRING HILL FL 34609**

Mailing Address

**12450 SPRING HILL DR  
SPRING HILL FL 34609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/30/1997**

4. FEI Number

**59-3473094**

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

2. Principal Place of Business

**21 13594 Linden Dr**

Suite, Apt. #, etc.

2a. Mailing Address

**26 13594 Linden Dr**

Suite, Apt. #, etc.

City & State

**23 Spring Hill, FL**

Zip Country

**24 34609 25**

City & State

**28 Spring Hill, FL**

Zip Country

**29 34609 30**

9. Name and Address of Current Registered Agent

**MCCLOUD, JOHN  
12450 SPRING HILL DR  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

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 607.0507 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

TITLE ☐ DELETE

**D  
NAME  
MCCLOUD, JOHN  
STREET ADDRESS  
12450 SPRING HILL DR  
CITY-ST-ZIP  
SPRING HILL FL 34609**

TITLE ☐ DELETE

**D  
NAME  
MCCLOUD, JOHN V III  
STREET ADDRESS  
12450 SPRING HILL DR  
CITY-ST-ZIP  
SPRING HILL FL 34609**

TITLE ☒ DELETE

**D  
NAME  
SCHONBORN, KEVIN  
STREET ADDRESS  
12450 SPRING HILL DR  
CITY-ST-ZIP  
SPRING HILL FL 34609**

TITLE ☐ DELETE

**D  
NAME  
MCCLOUD, MICHAEL  
STREET ADDRESS  
12450 SPRING HILL DR  
CITY-ST-ZIP  
SPRING HILL FL 34609**

TITLE ☐ DELETE

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**D  
NAME  
STREET ADDRESS  
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: Michael J. McCloud 4-22-99 352 666 9369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)