

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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90031 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099017

1. Corporation Name

SMALL MOVES, INC. OF JACKSONVILLE

Principal Place of Business

4320 54TH AVE. N.
ST. PETERSBURG FL 33714

Mailing Address

4320 54TH AVE. N.
ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1997	
21		26		4. FEI Number 59-3482233	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

BELL, H. ROB
4320 54TH AVE. N.
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name	Burns, Stephen Edward
82 Street Address (P.O. Box Number is Not Acceptable)	4320 54th Avenue North
83	
84 City	St. Petersburg
85 Zip Code	FL 33714

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 *Stephen Edward Burns* **Stephen Edward Burns, President** **3-22-99**
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, H ROB	1.2 NAME	Burns, Stephen Edward
STREET ADDRESS	4320 54TH AVENUE N	1.3 STREET ADDRESS	4320 54th Avenue North
CITY-ST-ZIP	ST PETERSBURG FL 33714	1.4 CITY-ST-ZIP	St. Petersburg, FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, HELEN S	2.2 NAME	Burns, Kelly Ann
STREET ADDRESS	4320 54TH AVENUE N	2.3 STREET ADDRESS	4320 54th Avenue North
CITY-ST-ZIP	ST PETERSBURG FL 33714	2.4 CITY-ST-ZIP	St. Petersburg, FL 33714 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	BURNS, STEPHEN E	3.2 NAME	
STREET ADDRESS	4320 54TH AVENUE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Stephen Edward Burns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-99

Daytime Phone #

727 527-3666

CR2E034 (11/98)