


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

042659

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90008 016 ***150.00

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

DOCUMENT # P98000001057

1. Corporation Name

A ADVANCED MOVING & STORAGE SERVICE CO.

Principal Place of Business

16108 5TH STREET EAST
REDINGTON BEACH FL 33708

Mailing Address

16108 5TH STREET EAST
REDINGTON BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

34-1841270

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 **6250 - 42 ST. N.**

2a. Mailing Address

26 **6250 - 42 ST N.**

Suite, Apt. #, etc.

22 **#6**

Suite, Apt. #, etc.

27 **#6**

City & State

23 **PINELLAS PARK, FL**

City & State

28 **PINELLAS PARK, FL**

Zip

24 **33781**

Country

25 **USA**

Zip

29 **33781**

Country

30 **USA**

9. Name and Address of Current Registered Agent

SANTORA, FRANK A JR
16108 5TH STREET EAST
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name **SANTORA, FRANK A. JR.**

82 Street Address (P.O. Box Number is Not Acceptable)
6250 - 42 STREET N.

83 **#6**

84 City **PINELLAS PARK, FL** 85 Zip Code **33781**

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.

FRANK A. SANTORA, JR.

(NOTE: Registered Agent signature required when reinstating)

03-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **FRANK A. SANTORA, JR.**

1.3 STREET ADDRESS **6250 - 42 STREET N. #6**

1.4 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK A. SANTORA, JR 03-15-99 727-394-7799

CR2092 111081