

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90007 028 \*\*\*550.00

DOCUMENT # **P98000031063**

Corporation Name  
**ALLSAFE MOVING SERVICES, INC.**

Principal Place of Business

**5 MEALY STREET  
ATLANTIC BEACH FL 32233**

Mailing Address

**1885 MEALY STREET  
ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/03/1998**

4. FEI Number

**59-3510257**

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. ☒ Yes ☐ No

Principal Place of Business

**1074 10th Ave S.**

Suite, Apt. #, etc.

**Jacksonville, FL**

City & State

**Jacksonville Beach, FL**

Zip

**32250**

Country

2a. Mailing Address

**P.O. Box 24870**

Suite, Apt. #, etc.

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32241**

Country

**30**

9. Name and Address of Current Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET  
SUITE 3100 - BARNETT CENTER  
JACKSONVILLE FL 32202**

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1	<b>D</b>	<input type="checkbox"/> DELETE
2	<b>BRASWELL, JAMES E</b>	
3	<b>1885 MEALY STREET</b>	
4	<b>ATLANTIC BEACH FL 32233</b>	
5		<input type="checkbox"/> DELETE
6		
7		<input type="checkbox"/> DELETE
8		
9		<input type="checkbox"/> DELETE
10		
11		<input type="checkbox"/> DELETE
12		
13		<input type="checkbox"/> DELETE
14		
15		<input type="checkbox"/> DELETE
16		
17		<input type="checkbox"/> DELETE
18		
19		<input type="checkbox"/> DELETE
20		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☒ Change ☐ Addition  
**Same**  
**1074 10th Ave. S.**  
**Jacksonville Beach, FL 32250**

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.

SIGNATURE: **James E. Braswell** **James E. Braswell** **9/7/99** **904-724-2006**

CR2E034 (5/99)