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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040907

J & M MOVING & STORAGE SPECIALISTS, INC.

/Q7-

FILED Feb 21, 1999 8:00 am Secretary of State

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| incipal Place of Business Mailing Address | | | | | | a immirimat sta incoe intil maist diffili antil (| JOHN B18(1 B8418 1) | FIGE 40 410 4 00 4 (40 4) |
| -U SAMMS AVENUE 707-D SAMMS AVENUE | | | | | | | | |
| ORANGE FL 32119 PORT ORANGE FL 3211 | | | 9 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | TIIO OF ACE | |
| | | | | | | 05/06/1998 | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | T | Applied For |
| | | | | | | 59-3510629 | ⊬-∔ | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt | | | etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.0 | 0 Мау Ве |
| | | 28 | | | | Trust Fund Contribution | | ed to Fees |
| Zip | Country | Zip | Cou | Country | | 8. This corporation owes the current year | | _ |
| | 25 | 29 | 30 | · — | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | l Alama | 10. Name and Address of New Registe | red Agent | |
| NOE | TALL, FREDERICK | | | ١٠, | Name | | | |
| | D SAMMS AVENUE | | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| | T ORANGE FL 32119 | | | 02 | <u> </u> | | | |
| i On | L AIRMANT LE ACTIO | | | 83 | } | | | |
| | | | | 84 | City | | - 85 Zi | ip Code |
| D | 4-11-007-05 | 00 1007 1500 51 11 51 | | | L | poration submits this statement for the purpos | | |
| | Signature, typed or printed name of registered agr | ent and title if applicable (NC ND DIRECTORS | OTE: Registered | Agen | nt signature requir | DATE OF STANKER AND STANKER TO OFFICE TO | | TODO (N. 10 |
| | D | DELETE | 1.1 TU | n F | | ADDITIONS/CHANGES TO OFFICERS | Chang | |
| | NOFTALL, FREDERICK | <u> </u> | 1.2 NA | | ì | | 77 arming | |
| _f ADDRESS | | | | | ADDRESS | | | |
| ST-ZIP | PORT ORANGE FL 32127 | | 1.4 CI | | | | | |
| - | D | ☐ DELETE | 2.1 177 | | | | ☐ Chang | e Addition |
| _ | NOFTALL, MARION | | 2.2 NA | ME | | | | _ |
| _I ADDRESS | 857 CHICKADEE DRIVE | | 2.3 ST | REET | ADDRESS | | • | |
| ST ZIP | PORT ORANGE FL 32127 | | 2. 4 CI | TY-S | T-ZIP | - | | |
| | | ☐ DELETE | 3.1 TIT | īΕ | | | ☐ Chang | e Addition |
| İ | | | 3.2 NA | ME | | | | |
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| 1 AUDHE33 | | | 4.3 STI | REET | ADDRESS | | | |
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| I ALKINESS | | | | | ADDRESS | | | |
| ST-ZIP | | ☐ DELETE | 5.4 CIT 6.1 TIT | | -ZIP | | | |
| ĺ | | | 6.2 NA | | | | Change | e |
| | | | 1 | | ADDRESS | | | |
| I ANDRESS | | | 0.3 511 | NEE 1 | ADDRESS. | | | |

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 accomment with an address, with all other like empowered.