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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000048488

UNITED CONTAINER MOVERS ASSOCIATION, INC.

**FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90204 017 \*\*\*150.00



Principal Place of Business Mailing Address						
2040 E 21ST STREET PO BOX 16952						
JACKSONVILLE FL 32206 JACKSONVILLE FL 32245-6			3962			
					DO NOT WRITE IN THIS SPACE	
ļ						Date Incorporated or Qualifed
2 Penning 5	Name of B		·			06/01/1998
Table   Tabl			Mailing Address			4. FEI Number Applied For
Suite, Apt	# 410	26	26			59-301402 Not Applicable
22	. <del>w</del> , <del>u</del> .c.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
City & State			City & State			Fee Required
23 28					6. Election Campaign Financing \$5.00 May Be	
Zip	Country Zip			Country		Trust Fund Contribution Added to Fees
24	25	29	- <b>r</b>	30		8. This corporation owes the current year Intancible Personal Property Tax  Yes  No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
FERNANDEZ, TONY			20 04			
1	1 EADY LANE		82 Street Ad			t Address (P.O. Box Number is Not Acceptable)
YULEE FL 32097			83		_	
				-		
				84	City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1509 Election Statutes the						
office or registered agent, or both, in the State of Floridal State hange 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, Floridal Statutes.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					1 signature	required when remstating) DATE
TITLE	PVST	FICERS AND DIREC	<del></del>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FERNANDEZ, TONY		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	1741 EADY LANE			1.2 NAME		
CITY-ST-ZIP	YULEE FL 32097			1.3 STREET		5
TITLE	D		☐ DELETE	1.4 CITY-S'	-ZIP	Change Addition
NAME	FERNANDEZ, TONY		V			Change Addition
STREET ADDRESS	1741 EADY LANE			2.2 NAME		
CITY-ST-ZIP	YULEE FL 32097			2.3 STREET		
TITLE		<del></del> _	☐ DELETE	2.4 CITY S 3.1 TITLE	<u>- ZIP</u>	Change Modulon
NAME	/		_ section	3.2 NAME		Kenneth K. Key
STREET ADORESS				4	4 B B B B F S B	3/23 WEST 15th > 11667
CITY-ST-ZIP				3.3 STREET 3.4. CITY-S		Menneth K. Key Change Madellon 3/23 West 15th street  JAX 1 = 4 32254  Vice president
TITLE			☐ DELETE	4.1 TITLE	-41	Change Addition
NAME				4 2 NAME		1 10 or is Veles
STREET ADDRESS				4.3 STREET	ADORESS	no shelle (Alle a - lace)
CATY-ST-ZIP				4.4 CITY-ST		TAX FL 32201
TITLE			☐ DELETE	5.1 TMLE		TO = Do. 120 The Change MAddition
NAME				5.2 NAME		JOE POWERS BIRD Change Addition 11515 HALL BIRD JAX, FL 32218 TREASUREY
STREET ADDRESS				5.3 STREET	ADDRESS.	11515 MARCHAN TOPOGURAY
CITY-ST-ZIP				5.4 CITY-ST	ZIP	JAXIFA JOOKS
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADORESS	,
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 507. 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: