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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

02-21-1999 90014 003 ***158.75

FREEDOM MOVERS, INC.

Principal Place of Business Mailing Address 3625 MCINTOSH ROAD 3625 MCINTOSH BOAD SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0866 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country MNo ☐ Yes 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRASSMYER, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 82 3625 MCINTOSH ROAD SARASOTA FL 34232 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE GRASSMYER, SCOTT W 1.2 NAME NAME 3625 MCINTOSH ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 I.4 CITY-ST-ZIP CITY-ST-ZIP Addition OELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME GRASSMYER, JANET G NAME 3625 MCINTOSH ROAD 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition OELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 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:

Scutt W. Grassmyer

CR2E034 (11/98)