FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

ADVANCED MOVING & STORAGE, INC.

(6)

FILED Jan 25 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address										
3190-9 APALACHEE PKWY. POST OFFICE BOX TALLAHASSEE FL 32311 TALLAHASSEE FL 3 US										
							3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1990 02/20/1995			
2. Principal Pla 21	ice of Business	2a. Maili 26	ng Address				4. FEI Number Applied For 59-3029246 Not Applicable			
Suite, Apt. #	, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		Crty 28	& State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζιρ 29		30 Cou	intry		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Address of New Registered Agent			
					81	Name				
CHAIRES, STEPHEN (1755)GRAZING BOCK CT					82	Street /	Address (P.O. Box Number is Not Acceptable)			
	HASSEE FL 32311				83					
y 110	46				84	City	p 85 Zip Code			
11. Pursuant te	the provisions of Sections 607.050	02 and 607,150	8, Florida Statutes	s, the abo	ve-n	nanted co	corporation submits this statement for the purpose of changing its registered offici			
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	nua. Such char	ide was authorize	d by the c	corpo	oration's	corporation submits this statement for the purpose of changing its registered offici s board of directors. I hereby accept the appointment as registered agent. I am			
SIGNATURE										
12.	Algorithms, typed or protect name of registered ag-	et and Me it applican ND DIRECTORS			l Agen	t signature ne	required when reinstaling) DATE			
7111	P 11646	IND DIRECTORS	DELETE	13.	171.5	<u>_</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAM:	CHAIRES, STEPHEN		D OFFERIE	111			CHAIRES, STEPHEN			
STREET ADDRESS	11755 BRAZING BUCK C	T		12 N/						
CHY-SI-70	TALLAHASSEE FL	32311				1				
TILLE	VP 7 11046	30311	DELETE	1.4 Cr 2 1 Tr		T-ZIP	Tallahassee, Fl 32311			
NAME	CHAIRES, TAMMY		[] been	2 2 NA		İ	CHAIRES, TAMMY			
STRUET ADDRESS	11755 GRAZING BUCK C	T				ADDRESS	la an a track to the state of t			
CITY ST ZIF		32311		1		- 1				
THE		<i></i>	DELETE	2 4 CI 3. 1 TI		1.715	Tallahassec, Fl 32311			
NAML				3 2 NA			Charge Notition			
STREET ADDRESS						ADDRESS				
CHY-SI-ZIP				3.4 CI		- 1				
1if.F			DELETE	4.17	-	1 211	Change			
NAME				4.2 NA	ME	Ì	i change in restrict			
STROL* ADDRESS						ADDRESS				
C(5 Y - S 1 - 7) ²				4.4 CI						
1171.F			DELETE	5 1 1			☐ Change ☐ Addition			
NAME				5.2 NA						
STREET ADDRESS						ADDRESS				
C TY-ST-ZP				5 4 CI						
TillE			DELETE	6 1 TI			Change Addition			
NAME				6 2 NA						
STAFFT ADDRESS						ADDRESS				
SITY - ST - ZIP					יונברי					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on triis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation of 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 changes, or one attachment with an address.

SIGNATURE:

PRESIDENT TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 656-2890