

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S05743**

(7)

1. Corporation Name

GOOD MOVE TRUCKING, INC.

Principal Place of Business

**1220 TANGELO TERRACE
BAY 4A
DELRAY BEACH FL 33444
US**

Mailing Address

**1220 TANGELO TERRACE
BAY 4A
DELRAY BEACH FL 33444
US**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**FINK, ANDREW
1501 STONEHAVEN DR.
APT. #6
BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified

10/09/1990

3a. Date of Last Report

02/20/1995

4. FET Number

65-0229704

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 has liability for intang b/c tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent or Representative (Notary)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY, ST, ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST, ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, ST, ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, ST, ZIP
12.20 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

14. I 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 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 I am not the sole owner of the corporation with an address.

SIGNATURE: **Rose J. Emerson - Rose J. Emerson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 407)276-9326

DATE AND PHONE NUMBER

CR2E034 (12/95)