

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S95747**

(9)

1. Corporation Name

A-CLASS MOVING, INC.

Principal Place of Business

2022 S. 51ST ST.
TAMPA FL 33619
US

Mailing Address

2022 S. 51ST ST.
TAMPA FL 33619
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Name and Address of Current Registered Agent

LOBASCIO, GEORGE G.
2022 S. 51ST ST.
TAMPA FL 33619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

11/21/1991

4. FEI Number

59-3128049

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	NAME LOBASCIO, GEORGE GORDON 2508 RICHMAR LN BRANDON FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				1.2 NAME	
TITLE	PT	NAME LOBASCIO, MARCO P. 2022 S. 51ST ST. TAMPA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME	
TITLE			<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME	
TITLE			<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME	
TITLE			<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME	
TITLE			<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME	
TITLE			<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

11/20/98 (pp) 262-3451

CR2E034 (1Q97)