

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 5-1-96 B 52888 OF CORPORATIONS C

DOCUMENT # V07278 (7)

1. Corporation Name

HERITAGE MOVING & STORAGE INC.



Principal Place of Business

Mailing Address

545 B AIR PARK ROAD
EDGEWATER FL 32132-3044
US

545 B AIR PARK ROAD
EDGEWATER FL 32132-3044
US

3. Date Incorporated or Qualified

01/16/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3116148

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELAHANTY, EDWARD J.
545 B AIR PARK ROAD
EDGEWATER FL 32132

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 607.1508, 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 DP
NAME DELAHANTY, EDWARD J.
STREET ADDRESS 707 FLAGLER AVENUE
CITY-ST-ZIP EDGEWATER FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME DELAHANTY, MARIE A.
STREET ADDRESS 707 FLAGLER AVENUE
CITY-ST-ZIP EDGEWATER FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME CASASANTA, V. CHRISTOPHER
STREET ADDRESS 2414 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CARL, JOHN D
STREET ADDRESS 501 MOONRISE DRIVE
CITY-ST-ZIP PORT ORANGE FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LAWSON, DALE F
STREET ADDRESS 311 THACKARY ROAD
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME LAYSON, DALE F.
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE:

Marie A. Delahanty

MARIE A. DELAHANTY

4/26/96

(904)423-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)