

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

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90014 010 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V07278**

1. Corporation Name

**HERITAGE MOVING & STORAGE INC.**



Principal Place of Business

545 B AIR PARK ROAD  
EDGEWATER FL 32132-3044  
US

Mailing Address

545 B AIR PARK ROAD  
EDGEWATER FL 32132-3044  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/16/1992**

4. FEI Number

**59-3116148**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **3131 Opportunity Ct.**

Suite, Apt. #, etc.

22

City & State

23 **South Daytona, FL**

Zip

24 **32119**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 214369**

Suite, Apt. #, etc.

27

City & State

28 **South Daytona, FL**

Zip

29 **32121-4369**

Country

30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**3131 Opportunity Court**

83

84 City **South Daytona**

FL

85 Zip Code  
**32119**

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

TITLE **DP** ☐ DELETE

NAME **DELAHANTY, EDWARD J.**

STREET ADDRESS **84 CUNNINGHAM DR**

CITY-ST-ZIP **NEW SMYRNA BEAH FL 32168**

TITLE **DS** ☐ DELETE

NAME **DELAHANTY, MARIE A.**

STREET ADDRESS **84 CUNNINGHAM DR**

CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☒ DELETE

NAME **LAYSON, DALE F.**

STREET ADDRESS **8009 VERONA LANE**

CITY-ST-ZIP **POWELL TN 37849**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **JAMES NASON**

1.3 STREET ADDRESS **1405 RIVERPORT RD**

1.4 CITY-ST-ZIP **KINGSFORT, TN. 37660**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **JOSEPH S. MCALLISTER**

2.3 STREET ADDRESS **707 FLAGLER AVE**

2.4 CITY-ST-ZIP **EDGEWATER, FL 32132**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE

*Edward J. Delahanty, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD J. DELAHANTY**

**6-9-99**

**904-760-5657**

Date

Daytime Phone #