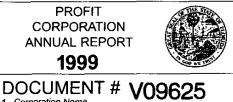
Mailing Address

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 026 \*\*\*450.00

## ACCURATE DELIVERY AND MOVING, INC.

657 BALMORAL WINTER PARK F US		657 Balmoral RD Winter Park FL 32789 US				DO NOT WRITE IN THIS S  3. Date Incorporated or Qualifed  01/27/1992	SPACE		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-3113572		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>		\$8.75 Add			
22 27						5. Certificate of Status Desired			
City & State	e	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country Zip			intry		This corporation owes the current year Inta     Personal Property Tax.	ngible Yes	□No	
9. Name and Address of Current Registered Agent					_	10. Name and Address of New Registered A	gent		
		<u> </u>		81 N	ame				
WINDHAM, WILMA S. 657 BALMORAL RD					treet Addre	ess (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32789				83					
				84 C	ity		85 Z	ip Code	
				84  0	ııy	FL		ip code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	horized	d by the	med corpo corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	hanging tment as	its registered registered	
SIGNATURE									
				red Agent signature require			N DIDEC	TODG IN 12	86
12.	OFFICERS AND DIRECTORS  DELETE		13.			ADDITIONS/CHANGES TO OFFICERS ANI	☐ Chan	e Addition	~
TITLE	DVP	L. DELETE	1.1 TITLE				☐ ⇔iai	geAddition	CR2E034 (11/98)
NAME				1 2 NAME				1	8
STREET ADDRESS			1,3 STREET ADDRESS		DRESS			i	ΣĘ
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-		·		_		岚
TITLE	DPS	☐ DELETE	2.1 T	πE			☐ Chan	ge 🗀 Addition	U
NAME	WINDHAM, WILMA S.		22 N	AME				1	
STREET ADDRESS	657 BALMORAL RD		2.3 ST	TREET ADD	DRESS				
CITY-ST-ZIP	NUMBER DADIC DE CARA		2 4 C	2 4 CITY-ST-ZIP					
TITLE		☐ DELETE					Chang	ge 🗌 Addition	
NAME	——————————————————————————————————————		3.2 N	AME	1			ì	
STREET ADDRESS				3.3 STREET ADDRESS					
				3.4. CITY-ST-ZIP				ļ	
TITLE	<u> </u>			4.1 TITLE			☐ Chan	ge Addition	
ł	<b>■</b>			AME					
NAME									
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZiP			4.4 CITY-		<u>`</u>			- D Addition	
TITLE		☐ DELETE	5.1 TITLE				Chan	ge 🗌 Addition	
NAME				5.2 NAME				ļ	
STREET ADDRESS			i i	TREET ADD				}	
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE					
TITLE	☐ DELETE			ILE			Chan	ge 🗌 Addition	
NAME			6.2 N	AME				}	
STREET ADDRESS			6,3 S1	TREET ADD	RESS				
1			6.4 CI	S.4 CITY-ST-ZIP				l	

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.