

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59064** (8)
1. Corporation Name
O'HARA MOVING & STORAGE OF JACKSONVILLE, INC.



Principal Place of Business

**142 STOCKTON STREET
JACKSONVILLE FL 32204
US**

Mailing Address

**142 STOCKTON STREET
JACKSONVILLE FL 32204
US**

2. Principal Place of Business

21 State, Apt., Rm., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt., Rm., etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
08/19/1992

3a. Date of Last Report
02/07/1995

4. FEI Number
59-3130481

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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KNIGHT, HOWARD L.
142 STOCKTON STREET
JACKSONVILLE FL 32204**

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 607.1503, 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 of person authorized to execute this statement

Signature of person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

12a. Name

12b. Title

12c. Street Address

12d. City, State, Zip

12e. Title

12f. Name

12g. Title

12h. Street Address

12i. City, State, Zip

12j. Title

12k. Name

12l. Title

12m. Street Address

12n. City, State, Zip

12o. Title

12p. Name

12q. Title

12r. Street Address

12s. City, State, Zip

12t. Title

12u. Name

12v. Title

12w. Street Address

12x. City, State, Zip

12y. Title

12z. Name

12aa. Title

12ab. Street Address

12ac. City, State, Zip

12ad. Title

12ae. Name

12af. Title

12ag. Street Address

12ah. City, State, Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. Name

13b. Title

13c. Street Address

13d. City, State, Zip

13e. Title

13f. Name

13g. Title

13h. Street Address

13i. City, State, Zip

13j. Title

13k. Name

13l. Title

13m. Street Address

13n. City, State, Zip

13o. Title

13p. Name

13q. Title

13r. Street Address

13s. City, State, Zip

13t. Title

13u. Name

13v. Title

13w. Street Address

13x. City, State, Zip

13y. Title

13z. Name

13aa. Title

13ab. Street Address

13ac. City, State, Zip

13ad. Title

13ae. Name

13af. Title

13ag. Street Address

13ah. City, State, Zip

14. I, the undersigned, 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. 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 in changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD L. KNIGHT

1/20/96

(904) 358-9445

Daytime Phone #

CR2E034 (12/95)