Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90189 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # VEOOGA

i. Corporation	MOVING & STORAGE OF	JACKSONVILLE,	INC.					
Principal Place	e of Business	Mailing Address						
142 STOCKTON		142 STOCKTON ST						
JACKSONVILLE FL 32204 US JACKSONVILLE FL 32204 US			32204		DO NOT WRITE IN THIS SPACE			
US		00			3. Date Incorporated or Qualifer			
					08/19/1992			1
2. Principal P	lace of Business	2a. Mailing Addres	3S		4. FEI Number		Apr	plied For
21		26			59-3130481		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		5. Certifcate of Status Desired	· 🗀 🗎	\$8.75 A	
22		27			5. Control of Clara Doores		Fee Rec	
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	
Zíp	Country	Zip	Cou	ntry	8. This corporation owes the cu			
24	25	29	30		Personal Property Tax.		_	□No
	9. Name and Address of Curren	t Registered Agent		04 1	10. Name and Address of New	Registered Ac	<u>jent</u>	
ENG	ELS DONALD D			81 Name				
ENGELS, DONALD R 142 STOCKTON ST				82 Street A	Address (P.O. Box Number is Not Accep	table)	_	
JACKSONVILLE FL 32204								
JAC.	NOONVILLE 1 E SEZOV			83				
				84 City	•	FL	85 Zip C	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida of Florida. Such changitions of, Section 607.05	a Statutes, the all a was authorized 605, Florida Statu	bove-named of by the corpo utes.	corporation submits this statement for the ration's board of directors. I hereby acce	a purpose of crient the appointr	illein as reg	jistered
SIGNATURE	signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE. Registered	Agent signature re	quired when reinstating)	DATE		
12.		ID HIRECTORS	13.		ADDITIONS/CHANGES TO O		_	
TITLE	PD	□ DEI				ι	Change	☐ Addition
NAME	ENGELS, DONALD R		1.2 NA					
STREET ADDRESS	142 STOCKTON ST			REET ADDRESS				ì
CITY-ST-ZIP	JACKSONVILLE FL 32204-1736			TY-ST-ZIP			Change	Addition
TITLE	SVT	☐ DEI					Citalige	L Addition
NAME	TAYLOR, SUSAN L.		2.2 NA					
STREET ADDRESS	142 STOCKTON STREET			REET ADDRESS	<u>-</u>			-
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP			Change	Addition
TITLE			3.2 NA	-		'		
NAME				REET ADDRESS				
STREET ADDRESS				TY-ST-ZIP				
TITLE		☐ DE					Change	☐ Addition
NAME			4. 2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE								
		□ DE	ETE 5.1 TI				Change	■ Addition
		□ DE	_ETE 5.1 Tπ 5.2 N/	ILE		,	☐ Change	☐ Addition
NAME		□ DE	5.2 NA	ILE	nr (4,)		☐ Change	☐ Addition
NAME STREET ADDRESS		□ DEI	5.2 NA 5.3 ST	TLE			Change	☐ Addition
NAME		□ DEI	5.2 NA 5.3 ST 5.4 CF	TLE VME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NA 5.3 ST 5.4 CF	ILE ME REET ADDRESS TY-ST-ZIP ILE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NA 5.3 ST 5.4 CT LETE 6.1 TT 6.2 NA	ILE ME REET ADDRESS TY-ST-ZIP ILE				

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:

NAME OF SIGNING OFFICER OR DIRECTOR

Date