

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59069** (7)
1. Corporation Name
SUDDATH RELOCATION SYSTEMS OF BOCA RATON, INC.



Principal Place of Business Mailing Address
**5266 HIGHWAY AVE.
JACKSONVILLE FL 32254** **P.O. BOX 60069
JACKSONVILLE FL 32236
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0396796** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$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

**PRICE, ROBERT J.
5266 HWY AVE
JACKSONVILLE FL 32254**

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 607.1508, 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 607.0535, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If not: Registered Agent Signature required when filing this)

(Date)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1 CD SUDDATH, STEPHEN M. ☐ DELETE
2 ~~5266 HWY AVE~~
3 JACKSONVILLE FL
4 SD STRICKLAND, BARBARA S. ☐ DELETE
5 ~~5266 HWY AVE~~
6 JACKSONVILLE FL
7 D BELL, A. QUINN ☐ DELETE
8 ~~5266 HWY AVE~~
9 JACKSONVILLE FL
10 VTD PRICE, ROBERT J. ☐ DELETE
11 ~~5266 HWY AVE~~
12 JACKSONVILLE FL
13 P COBB, JULIE ☐ DELETE
14 ~~1150 S.W. 32ND WAY~~
15 DEERFIELD BEACH FL
16 CEO VAUGHN, BARRY ☐ DELETE
17 ~~5266 HIGHWAY AVE~~
18 JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **815 S. MAIN ST.**
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **815 S. MAIN ST.**
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **815 S. MAIN ST.**
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **815 S. MAIN ST.**
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **815 S. MAIN ST.**
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **815 S. MAIN ST.**
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.J. Price, VP

05/01/96 (604) 590-7100
Date Day/Month/Year Phone #

CR2E034 (12/95)