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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5266 HIGHWAY AVE.
JACKSONVILLE FL 32254

Mailing Address

P.O. BOX 80089
JACKSONVILLE FL 32236-0089
US



2. Principal Place of Business

21 1531 West Copans Road

Suite, Apt. #, etc.

22 Bldg. 4, Suite 107

City & State

23 Pompano Beach, Florida

Zip

24 33064

Country

25 U.S.

2a. Mailing Address

26 815 South Main Street

Suite, Apt. #, etc.

27 6th Floor

City & State

28 Jacksonville, Florida

Zip

29 32207

Country

30 U.S.

3. Date Incorporated or Qualified

08/17/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0396796

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

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)

815 South Main Street

83 6th Floor

84 City Jacksonville

FL

85 Zip Code 32207

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 of Robert J. Price, Registered Agent and Title Change

(NOTE: Registered Agent signature required when reinstating)

DATE

01-20-97

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME SUDDATH, STEPHEN M.

STREET ADDRESS 815 S. MAIN ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME STRICKLAND, BARBARA S.

STREET ADDRESS 815 S. MAIN ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME BELL, A. QUINN

STREET ADDRESS 815 S. MAIN ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE VTD ☐ DELETE

NAME PRICE, ROBERT J.

STREET ADDRESS 815 S. MAIN ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE

NAME COBB, JULIE

STREET ADDRESS 815 S MAIN ST

CITY-ST-ZIP DEERFIELD BEACH FL

TITLE CEO ☐ DELETE

NAME VAUGHN, BARRY

STREET ADDRESS 815 S MAIN ST

CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Price

01-20-97

904-390-7100

0043743

CR2E034 (9/96)