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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

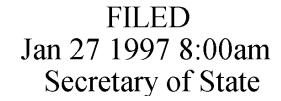
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V59069

(7)

SUDDATH RELOCATION SYSTEMS OF BOCA RATON, INC.





Principa Place of Business  5286 HIGHWAY AVE. JACKSONVILLE FL 32254	Mailing Address P.O. BOX 80089 JACKSONVILLE FL 32236-0089 US			
	US		3. Date Incorporated or Qualified 08/17/1992	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address	Mai- 51 m-1	4. FEI Number	Applied For
11 1521 West Copans t		Main Street	65-0396796	Not Applicable
S.lite, Apr. H. etc. 21 Blda. H. Slite 10	Suite, Apj #, etc.	7 <sub>1</sub> 2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	11 4	6. Election Campaign Financing	\$5.00 May Be
23 Hompano Blach,	Florida 28 Jacksonvi	11c, Horida	Trust Fund Contribution	Added to Fees
Zip	5. 29 32207	Country U.S.	8. This corporation has liability for	
	5. [29] ろみのつ	[30] ロ・コ・	Florida Statutes  10. Name and Address of New Re	Yes X No
PRICE, ROBERT J.		81 Name		B
5266 HWY AVE		82 Street Addr	tors (D.O. Boy Number in Not Assental	NA)
JACKSONVILLE FL 32254		85	ess (P.O. Box Number is Not Acceptate	Ĉ.
		83 /oth 5	Jook	
		84 City	-100K	85 Zip Code
		1 Jac	Koonville	- FL    39201
<ol> <li>Pursuant to the provisions of Section office or registered agent, or both.</li> </ol>	p <del>. 607</del> ,0502 and 607 1508, Florida Statute i the State of Florida. Such change was a	es, the above-named corp authorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
agent. Fan Amiliar with, and accept	The obligations of Section 607.0505, Flo	orida Statutes.		1 70 00
SIGNATURE S you are special as a second seco	is gerified agent and fittent approache. (NOTe	: Registered Agent signature requir	red when re-estating)	)[-/()-7.1
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TIPLE CD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SUDDATH, STEPHEN	I M.	1.2 NAME		
STREET ADDRESS 815 S. MAIN ST		1 3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TIPLE SD STRICKLAND, BARBA		2.1 TITLE 2.2 NAME		THE CHANGE THE WARRION
STRICKLAND, BARBA STREET ADDRESS 815 S. MAIN ST	4rv. o.	2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP JACKSONVILLE FL		2 4 CITY-ST-ZIP		
TRLE D	DELETE	31 TITLE		Change Addition
NAME BELL, A. QUINN		3.2 NAME		<del>.</del> –
STREET ADDRESS 815 S. MAIN ST		3.3 STREET ADDRESS		
CITY: ST-21F JACKSONVILLE FL		3 4. CITY - ST - ZIP		
TITLE VID	☐ D£LETE	4.1 TITLE	-	☐ Change ☐ Addition
PRICE, ROBERT J.		4. 2 NAME		
STREET ADDRESS 815 S. MAIN ST		4.3 STREET ADDRESS		
CITY-ST ZIP JACKSONVILLE FL	DELETE	4.4 CITY-ST-ZIP	·	Change Addition
INLE P	L.J DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME COBB, JULIE STREET ADDRESS 815 S MAIN ST		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-2IF DEERFIELD BEACH I	EI .	5.4 CITY - ST - ZIP		
TITLE CEO	DELETE	61 TITLE		Change Addition
NAME VAUGHN, BARRY	****	6.2 NAME		
STREET ADDRESS 815 S MAIN ST		6.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		6 4 CITY-ST-ZIP		
			11 0 0 140 07/0V/2 Ft 11 0 14 0	

ation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the all 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 apport on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this and Tam an officer or director of the or of the c

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER