FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:13

DOCUMENT # 144089 (0)

1. Corporation Name
WITHERS VAN LINES, INC.

Principal Place of Business	Mailing Address
4627 PONCE DE LEON BLVD. CORAL GABLES FL 33146	4627 PONCEDE LEON BLVD. CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1945
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-0535849 ☐ 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

SKINNER, TRUMAN A., ESQ.
TWO DATRAN CENTER, SUITE 1509
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: T. A. Skinner, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 4675 Ponce de Leon Blvd., Suite #305
83
84 City: Coral Gables FL 85 Zip Code: 33146

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: Tracey A. Skinner TRACEY A. SKINNER 2/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	WATERS, FRED	12 NAME	
STREET ADDRESS	32031 LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOYNES, NANCY W.	22 NAME	
STREET ADDRESS	8019 NEW BRUNSWICK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHARPE, CAROLYN W.	32 NAME	
STREET ADDRESS	RT. 3,BOX 301	33 STREET ADDRESS	
CITY-ST-ZIP	CONOVER NC	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	WITHERS, JEANIE P	42 NAME	
STREET ADDRESS	3018 GOLDEN EAGLE DR E	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	DS/T	51 TITLE	☐ Change ☐ Addition
NAME	Withers, Aneita	52 NAME	
STREET ADDRESS	1104 Hardee Road	53 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: Aneita Withers Dir./Sec. Treas. 2/8/95 (305) 667-6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANEITA WITHERS Director/Secretary/Treasurer

0100310 CP