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

APPROVED AND FILED
95 MAY -1 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **239451** **(8)**

1. Corporate Name
SORENSEN MOVING AND STORAGE COMPANY INC.

Principal Place of Business	Mailing Address
950 EAU GALLIE BLVD MELBOURNE FL 32935	950 EAU GALLIE BLVD MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/15/1960**
3a. Date of Last Report: **04/18/1994**

2. This and Prior Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-0905734** ☐ Applied For ☐ Not Applicable
Suite, Apt. # or Bldg. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
(24) (25) (29) (30)
8. This corporation qualifies for exemption under § 190.046, Florida Statute. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYD, JOEL E
1800 W. HIBISCUS BLVD.
STE. 138
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PT	1 TITLE	☐ Change ☒ Addition Asst. Sec
1 NAME	SORENSEN, SCOTT T	1 NAME	Richard Cartwright
1 STREET ADDRESS	3930 HIDDEN OAKS LANE	1 STREET ADDRESS	197 Harwood Ave.
1 CITY ST ZIP	MELBOURNE, FL 00000	1 CITY ST ZIP	Satellite Beach, FL
2 TITLE	S	2 TITLE	☐ Change ☐ Addition
2 NAME	SORENSEN, SCOTT T.	2 NAME	
2 STREET ADDRESS	3930 HIDDEN OAKS LANE	2 STREET ADDRESS	
2 CITY ST ZIP	MELBOURNE FL	2 CITY ST ZIP	
3 TITLE	V	3 TITLE	☐ Change ☐ Addition
3 NAME	~~ZAJAC, PATRICK~~	3 NAME	
3 STREET ADDRESS	~~7687 N. WICKHAM RD.~~	3 STREET ADDRESS	
3 CITY ST ZIP	~~MELBOURNE FL~~	3 CITY ST ZIP	
4 TITLE	V	4 TITLE	☐ Change ☐ Addition
4 NAME	DORSETT, JIM	4 NAME	
4 STREET ADDRESS	310 MAPLE DR	4 STREET ADDRESS	
4 CITY ST ZIP	SATELLITE BCH FL	4 CITY ST ZIP	
5 TITLE	V	5 TITLE	☐ Change ☐ Addition
5 NAME	~~HATLEY, JODY~~	5 NAME	
5 STREET ADDRESS	~~300 LYNN AVE~~	5 STREET ADDRESS	
5 CITY ST ZIP	~~SATELLITE BEACH FL~~	5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

Delete

14. I/We 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 added to this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089000 CP