

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F00387** (3)  
1. Corporation Name  
**BIG BEND MOVING & STORAGE COMPANY, INC.**



Principal Place of Business <b>3965 W. PENSACOLA ST. PO BOX 6312 TALLAHASSEE FL 32304</b>	Mailing Address <b>3965 W. PENSACOLA ST. PO BOX 6312 TALLAHASSEE FL 32304-2837</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/03/1980</b>	3a. Date of Last Report <b>08/05/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2028850</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent <b>DORSCH, SHARON 3965 W. PENSACOLA ST. TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORSCH, SHARON GILMORE</b>	1.2 NAME	
STREET ADDRESS	<b>3965 W. PENSACOLA ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIDDLEBROOKS, DANIEL L</b>	2.2 NAME	
STREET ADDRESS	<b>3965 W. PENSACOLA ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE, FL 0</b>	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORSCH, SHARON GILMORE</b>	3.2 NAME	
STREET ADDRESS	<b>3965 W. PENSACOLA ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 #

*Sharon Gilmore Dorsch* V.P. 4/14/97 576-1231

CR2E034 (9/96)