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Jan 24 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 # **G04234** (2)

1. Corporation Name
SENTINEL MOVERS, INC.



Principal Place of Business
**4031 NAVY BLVD
P.O. BOX 4098
PENSACOLA FL 32507-1222**

Mailing Address
**4031 NAVY BLVD
P.O. BOX 4098
PENSACOLA FL 32507-0098**

3. Date Incorporated or Qualified 10/12/1982	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2249856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HUAL, LEE T.
4031 NAVY BLVD.
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

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

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 the person named as registered agent, if not the incorporator

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.1 TITLE	
CITY-ST-ZIP	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
NAME	STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	
NAME	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.4 CITY-ST-ZIP	
NAME	STREET ADDRESS	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
NAME	STREET ADDRESS	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	CITY-ST-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form 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 supplement to the 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:

LEE HUAL, PRESIDENT

JANUARY 13, 1997

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #

0486162

CR2E034 (9/96)