

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 31 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **G93444** (9)
1. Corporation Name
WERNER-DONALDSON MOVING SERVICES, INC.

Principal Place of Business
**1125 ELDRIDGE ST.
P.O. BOX 1607
CLEARWATER FL 34617-8607**

Mailing Address
**1125 ELDRIDGE ST.
P.O. BOX 1607
CLEARWATER FL 34617-8607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1984	3a. Date of Last Report 08/09/1996
4. FEI Number 59-2390025	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**SEIBERT, THOMAS J.
1125 ELDRIDGE ST.
CLEARWATER FL 33515**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SEIBERT, THOMAS G.	
STREET ADDRESS	1125 ELDRIDGE ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEIBERT, THOMAS J.	
STREET ADDRESS	1135 PINERIDGE CIRCLE W	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DEROY, LEO	
STREET ADDRESS	1567 COASTAL PLACE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOWE, JAMES	
STREET ADDRESS	133 BLACK OAK DRIVE	
CITY-ST-ZIP	PITTSBURG PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

000002257618-02
-08/05/97-01015-011
*****165.00 *****165.00

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 REQUIRED _____ 7-23-97 (P.2) ON FILE

CP2E034 (4/97)

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WERNER-DONALDSON Moving Services Inc. 6903 Cypress Park Drive, Suite 101, Tampa, Florida 33634 (813)886-8110

JULY 23, 1997

FLORIDA DEPT. OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM YOU THAT I NEVER RECEIVED MY 1ST ANNUAL REPORT.

OUR ACCOUNTING OFFICE HAS RELOCATED TO TAMPA, FL AND WE HAVE BEEN HAVING PROBLEMS WITH THE MAIL. I CALLED THE TELEPHONE NUMBER ON THE FRONT OF THE REPORT AND THEY TOLD ME TO WRITE THIS LETTER AND SEND THE NORMAL PAYMENT AMOUNT OF \$165.00.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (813) 886-8110.

SINCERELY,

LEO DEROY
GENERAL MANAGER
WERNER DONALDSON MOVING SERVICES