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 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J30975** **(3)**

1. Corporate Name

A. ACCREDITED METCALF MOVING & STORAGE COMPANY, INC.

Principal Place of Business
7331 PRESIDENTS DRIVE
P.O. BOX 593068
ORLANDO FL 32809

Mailing Address
7331 PRESIDENTS DRIVE
P.O. BOX 593068
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1986
3a. Date of Last Report: 04/13/1994

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

4. FEI Number: 58-1696994 — 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 filed for incorporation in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAGE, THOMAS P
1220 SUN BANK CENTER PO BOX 1831
200 SO ORANGE AVE
ORLANDO FL 32802

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 607.0505 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 hereby agree to comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	METCALF, ALLEN A.
STREET ADDRESS	109 ROUGH LANE
CITY, ST, ZIP	HAINES CITY FL
TITLE	TS
NAME	METCALF, CORINNE J.
STREET ADDRESS	109 ROUGH LANE
CITY, ST, ZIP	HAINES CITY FL
TITLE	V
NAME	~~TOWNSEND, RAYMOND~~
STREET ADDRESS	~~7005 FENWICK COVE LANE~~
CITY, ST, ZIP	~~ORLANDO FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE	V	☐ Change ☒ Addition
NAME	Metcalf, Allen Jr.	
STREET ADDRESS	1255 E. Hwy #36	
CITY, ST, ZIP	St. Paul, MN 55109	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report, 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 of the current corporate records or attachment with a title.

SIGNATURE: ALLEN METCALF 1-30-95 612 484 0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0068016 CP