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Jan 23 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 # **K78451** **(7)**

1. Corporation Name
SENTRY HOUSEHOLD SHIPPING, INC.

Principal Place of Business	Mailing Address
5266 HIGHWAY AVE PO BOX 60069 JACKSONVILLE FL 32236 US	5266 HIGHWAY AVE PO BOX 60069 JACKSONVILLE FL 32236-0069 US

3. Date Incorporated or Qualified: 04/07/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 815 South Main Street
22 Suite, Apt. #, etc.: 6th FLOOR
23 City & State: Jacksonville, Florida
24 Zip: 32207 25 Country: U.S.

2a. Mailing Address
26: 815 South Main Street
27 Suite, Apt. #, etc.: 6th FLOOR
28 City & State: Jacksonville, Florida
29 Zip: 32207 30 Country: U.S.

4. FEI Number: 59-2962193 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRICE, ROBERT J.
5266 HIGHWAY AVE
PO BOX 60069
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 815 S. Main Street, 6th FLOOR
83
84 City: Jacksonville, FL 85 Zip Code: 32207

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	DVT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PRICE, ROBERT J.		1.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVENUE		1.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	CD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.		2.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVENUE		2.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	SD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.		3.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE		3.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	PD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DUROSS, H., ROBERT		4.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE		4.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	V	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FLOWERS, CHRISTIAN		5.2 NAME	
STREET ADDRESS	5266 HWY AVE		5.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	D	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	BELL, A Q		6.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE		6.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, Florida 32207

CR2E034 (9/96)

14. I do hereby certify that no 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 added by an attachment with an address.

SIGNATURE: Robert J. Price 01-17-97 904-390-7100

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

00043741