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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

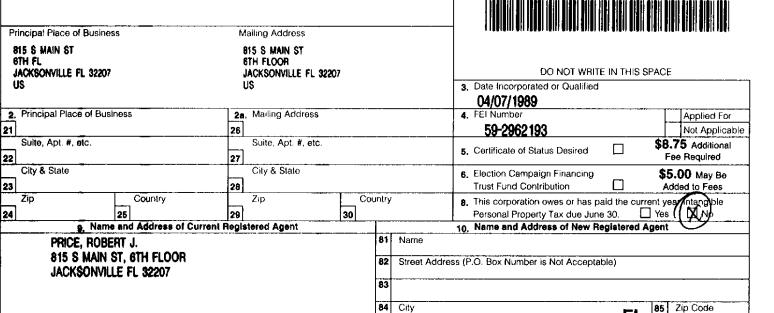
1998
DOCUMENT # K7

K78451

(7)

SENTRY HOUSEHOLD SHIPPING, INC.

FILED Jan 27 1998 8:00am Secretary of State



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

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 typod or privited name of registered agent and lifts if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·		
TITLE	DVT	☐ DELETE	1,1 TITLE		☐ Change	Addition	
NAME	PRICE, ROBERT J.		1.2 NAME				
STREET ADDRESS	815 S MAIN ST, 6TH FL		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	CD	☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME	Suddath, Stephen M.		2.2 NAME				
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR		2.3 STREFT ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	\$D	☐ DELET E	3 1 TITLE		☐ Change	☐ Addition	
NAME	Strickland, Barbara S.		3.2 NAME			į	
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR		3.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	JACKSONIVLLE FL		3.4. CITY - ST - 71P				
TITLE	PD	☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	Duross, H., Robert		4. 2 NAME				
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP				
TITLE	V	DELETE	5.1 TITLE		Change	Addition	
NAME	Flowers, Christian		5.2 NAME				
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY - ST - ZIP				
TITLE	D	DELETE	6.1 TITLE		☐ Change	Addition	
NAME	BELL, A Q		6.2 NAME				
STREET ADDRESS	815 S MAIN ST, 6TH FLOOR		6.3 STREET ADDRESS				

14. Thereby 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 amptal 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 K changed, or on an attachment with an address.

anilson Tim