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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:13

DOCUMENT # **L45840** **(0)**

1. Corporation Name
SANDERS MOVING, INC.

Principal Place of Business	Mailing Address
C/O C. GEOFFREY VINING 2212 SOUTH FLORIDA AVENUE, SUITE 300 LAKELAND FL 33803	C/O C. GEOFFREY VINING 2212 SOUTH FLORIDA AVENUE, SUITE 300 LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 953 Beech Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland FL	City & State 28
Zip / Country 24 33801 / 25 Polk	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/29/1990	3a. Date of Last Report 02/18/1994
4. FEI Number 59-2996817	☐ 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	10. Name and Address of New Registered Agent
~~VINING, C. GEOFFREY~~ ~~2212 SOUTH FLORIDA AVENUE~~ ~~SUITE 300~~ ~~LAKELAND FL 33803~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 230 S. Florida Ave. Suite 501 83 84 City: Lakeland, FL 33801 — 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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, TERRY C.	1.2 NAME		
STREET ADDRESS	123A LAKE BEULAH DR.	1.3 STREET ADDRESS	953 Beech Avenue	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, LINDA A.	2.2 NAME		
STREET ADDRESS	123A LAKE BEULAH DR.	2.3 STREET ADDRESS	953 Beech Avenue	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is 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 if changed, or on an attachment with an addition.

SIGNATURE: Terry C. Sanders President 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(813)-688-1666
Daytime Phone #

CP