FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR -7 PM 1:52

DOCUMENT # **N93000001063 (7)**

1. Corporation Name

HILLSBOROUGH MOVING CORP.

Principal Place of Business	Mailing Address
1625 7TH AVE TAMPA FL 33605 US	1625 7TH AVE TAMPA FL 33605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-3166445 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
21 1402 E. IDLEWILD AVE	26 1402 E. Idlewild Ave		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 TAMPA FL	City & State 28 Tampa, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 33604 Country 25 USA	Zip 29 33604 Country 30 USA	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
DAY, VAL 1518 E 7TH AVENUE TAMPA FL 33605	81 Name: DAY, VAL 82 Street Address (P.O. Box Number is Not Acceptable): 1402 E. IDLEWILD AVE 83 84 City: TAMPA FL 85 Zip Code: 33604

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Valerie Day, President, Valerie Day — DATE: 2/28/95
(Signature, typed or printed name of individual and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	DAY, VAL	12 NAME		
STREET ADDRESS	1402 IDLEWILD AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	DUNN, JOHN DELETE	22 NAME	DUNN, JOHN (Delete)	
STREET ADDRESS	306 E JACKSON	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	DVT	31 TITLE		☐ Change ☐ Addition
NAME	GLASS, SUSAN	32 NAME		
STREET ADDRESS	511 COLUMBIA DRIVE APT. #1	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SNYDER, MINDY	42 NAME		
STREET ADDRESS	1505 E MORRISON	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	CD	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CARL	52 NAME		
STREET ADDRESS	1400 N BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	WHEELER, CINDY	62 NAME		
STREET ADDRESS	1014 1/2 POWHATTAN AVE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Valerie Day Valerie Day — 2/28/95 — 813-237-1576
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

00T1087