

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P18949

(8)

1. Corporation Name

WEE HAUL OF ORLANDO, INC.

95 JAN 24 AM 10:19

Principal Place of Business

Mailing Address

300 S. S.R. 434 SUITE 1004- 266
ALTAMONTE SPRINGS FL 32714

300 S. S.R. 434 SUITE 1004- 266
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 1030 Bunnell Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Altamonte Springs

28

Zip

Country

Zip

Country

24 32714

25 Seminole

29

30

3. Date Incorporated or Qualified
04/22/1988

3a. Date of Last Report
01/19/1994

4. FEI Number

75-2217308

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 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

SMITH, LUKE

~~1015 SUNSHINE LANE #103C~~ 1030 Bunnell Rd
ALTAMONTE SPRINGS FL 32714

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SMITH, LUKE M.
STREET ADDRESS	1015 SUNSHINE LANE #103C 1030 Bunnell Rd
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	VST
NAME	SMITH, ROBIN
STREET ADDRESS	1015 SUNSHINE LANE #103C 1030 Bunnell Rd
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	SMITH, ROBIN
STREET ADDRESS	1015 SUNSHINE LANE #103C 1030 Bunnell Rd
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 this 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

Vice-President
Robin Smith

1-11-95 407-774-9999