

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

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AND  
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95 MAY -1 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000059413 (3)**  
1. Corporation Name  
**MOVING HELP, INC.**

Principal Place of Business Mailing Address  
**1301 64TH AVENUE NORTH ST. PETERSBURG FL 33702**      **1301 64TH AVENUE NORTH ST. PETERSBURG FL 33702**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
24 25 29 30

3. Date Incorporated or Qualified **08/23/1993** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3201253** 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  
7. This Corporation has been an international less under § 130.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BROWN, MICHAEL B  
ONE BEACH BLVD. S.E.  
STE. 205  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607 (56) and 607 (508), 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 Sections 607 (56) and 607 (508), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BURNS, SHERRY	2. NAME	
3. STREET ADDRESS	1301 64TH AVENUE NORTH	3. STREET ADDRESS	
4. CITY, ST. ZIP	ST. PETERSBURG FL 33702	4. CITY, ST. ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST. ZIP		8. CITY, ST. ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST. ZIP		16. 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 Sections 139 (02), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation or the receiver of business responsibility to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes or as an attachment with an address.

SIGNATURE: *Sherry Burns Sherry Burns* 4-28-95 528-0274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR