

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077653 (0)

1. Corporation Name

HOME MOVING SOLUTIONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 521523
LONGWOOD FL 32752-1523

P.O. BOX 521523
LONGWOOD FL 32752-1523

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 5575
Suite, Apt. #, etc.

26 P.O. Box 5575
Suite, Apt. #, etc.

4. FET Number

59-3339293

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

22 City & State
23 WINTER PARK, FL

27 City & State
28 WINTER PARK, FL

24 Zip 32793-5575
25 Country USA

29 Zip 32793-5575
30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANITO, MARGARET P
C/O GRANITO ACCOUNTING SERVICES, INC.
7139 TIMBER DRIVE
WINTER PARK FL 32792

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 MCCOY, JANE
STREET ADDRESS 1903 BROOKS LANE
CITY-ST-ZIP OVIEDO FL 32765 ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VTD
NAME MATTINGLY, CAROLYN
STREET ADDRESS 106 CEDARWOOD CIRCLE
CITY-ST-ZIP MAITLAND FL 32751 ☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME SORENSEN, VERTA
STREET ADDRESS 2525 BIG BEND TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME MCCOY, DAVID
STREET ADDRESS 1903 BROOKS LANE
CITY-ST-ZIP OVIEDO FL 32765 ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME MATTINGLY, TOM
STREET ADDRESS 106 CEDARWOOD CIRCLE
CITY-ST-ZIP MAITLAND FL 32751 ☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

Verta M. Sorensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 407647 0540

Date

Daytime Phone #

CR2E034 (12/95)