FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 APR 20 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062145

1. Corporation Name
WAYNE MOVING & STORAGE CO. OF FLORIDA INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 7-17-97
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2310-2314 WHITFIELD	26 100 LAWRENCE DR
22 INDUSTRIAL WAY	27
23 SARASOTA FL	28 WEST CHESTER PA
24 Zip 34243 25 Country USA	29 Zip 19380 30 Country USA

4. FEI Number: 65-0757355 ☐ 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
	31 Name: CT CORPORATION
	32 Street Address (P.O. Box Number is Not Acceptable)
	33 1200 S. PINE ISLAND RD
	34 City: PLANTATION FL 35 Zip Code: 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE P; 12 NAME DANIEL F McGARITY; 13 STREET ADDRESS 420 LONGVIEW DRIVE; 14 CITY-ST-ZIP WEST CHESTER PA 19380 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE S; 22 NAME CHRIS SWANSON; 23 STREET ADDRESS 417 SPRUCE ST; 24 CITY-ST-ZIP EXTON PA 19341 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE VP; 32 NAME K. RICHARD McCARDELL JR; 33 STREET ADDRESS 640 W. POTHOUSE RD; 34 CITY-ST-ZIP PHOENIXVILLE PA 19460 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE VP; 42 NAME Michael J Donnelly; 43 STREET ADDRESS 481 Scott Drive; 44 CITY-ST-ZIP WEST CHESTER PA 19380 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 CITY-ST-ZIP — ☐ Change ☐ Addition

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*****165.00 *****165.00

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14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: Daniel F McGarity 3-6-98 610-436-6683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DANIEL F McGARITY

BTF FL32361F 1