FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB -7 PM 3:04

DOCUMENT # V59064 (8)

1. Corporation Name
O'HARA MOVING & STORAGE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
5540 HIGHWAY AVE. JACKSONVILLE FL 32205	5540 HIGHWAY AVE. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 142 STOCKTON STREET
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL
24 Zip: 32204
25 Country: DUVAL

2a. Mailing Address
26 142 STOCKTON STREET
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE, FL
29 Zip: 32204
30 Country: DUVAL

4. FEI Number: 59-3130481 ☐ 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

KNIGHT, HOWARD L.
5540 HIGHWAY AVE.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: KNIGHT, HOWARD L.
82 Street Address (P.O. Box Number is Not Acceptable): 142 STOCKTON STREET
83
84 City: JACKSONVILLE FL 85 Zip Code: 32204

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: Howard L. Knight HOWARD L. KNIGHT 2 FEB 95
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	11 TITLE	☐ Change ☐ Addition
NAME	O'HARA, DANIEL	12 NAME	
STREET ADDRESS	1301 41ST AVENUE NE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, GREGORY	22 NAME	
STREET ADDRESS	553 ALENE RD	23 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, HOWARD L	32 NAME	
STREET ADDRESS	8718 OAKWOOD DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	VT
STREET ADDRESS		43 STREET ADDRESS	TAYLOR, SUSAN L.
CITY-ST-ZIP		44 CITY-ST-ZIP	142 STOCKTON STREET JACKSONVILLE, FL 32204
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard L. Knight HOWARD L. KNIGHT, SCTY. FEB. 2, 1995 (904) 350-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number

0020697 CP