

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:14

**DOCUMENT # 661869 (8)**

1. Corporation Name  
**WALTON P. DAVIS MOVING & STORAGE CO., INC.**

Principal Place of Business Mailing Address  
**1125 NORTH 53RD COURT WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1980** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-2068264** 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

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

9. Name and Address of Current Registered Agent  
**KELLY, COLIN  
1125 NORTH 53RD COURT  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
B1 Name **Patrick W. Kelly**  
B2 Street Address (P.O. Box Number is Not Acceptable) **16059 East Downers Dr.**  
B3  
B4 City **Loxahatchee** FL B5 Zip Code **33470**

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 *Patrick W. Kelly* **PATRICK W. KELLY** GENERAL MANAGER, V.P. DATE **1/9/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYNCH, EDMUND C., III
STREET ADDRESS	7 OYSTER BAY RD.
CITY ST ZIP	LOCUST VALLEY NY
TITLE	V
NAME	KELLY, COLIN
STREET ADDRESS	1125 NORTH 53RD COURT
CITY ST ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V
23 STREET ADDRESS	Kelly, Patrick W.
24 CITY ST ZIP	16059 East Downers Dr. Loxahatchee, FL 33470
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and correct for the description stated in Section 119 07(9)(a), 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 as an attachment with an address.

SIGNATURE: *Patrick W. Kelly* **PATRICK W. KELLY** GENERAL MANAGER DATE **1-9-95**