

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H87259 (8)**

1. Corporation Name  
**A-1 STEVENS VAN LINES, INC.**



Principal Place of Business <b>6716 BEST FRIEND RD.                  NORCROSS GA 30071</b>	Mailing Address <b>6716 BEST FRIEND RD.                  NORCROSS GA 30071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1985</b>	
21 <b>2913A NORTHEAST PKWY</b> Suite, Apt. #, etc.	26 <b>2913A NORTHEAST PKWY</b> Suite, Apt. #, etc.			4. FEI Number <b>59-2609312</b>	Applied For <input type="checkbox"/> Not Applicable
22	27			5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>ATLANTA GA</b> City & State	28 <b>ATLANTA GA</b> City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>30360</b> Zip	25 <b>GWINNETT</b> Country	29 <b>30360</b> Zip	30 <b>GWINNETT</b> Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SULLIVAN, CHUCK A.                  311 S. MISSOURI AVE.                  CLEARWATER FL 34616</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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) (BOC) Registered Agent signature required when reinstating. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>STEVENS, ARCHIE H., JR.</b>			1.2 NAME			
STREET ADDRESS	<b>3445 STATELY OAKS LANE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DULUTH GA</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CAMPANALE, JACK L</b>			2.2 NAME			
STREET ADDRESS	<b>1102 TREE TRAIL PKWY</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NORCROSS GA</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GIMENEZ, ROBERT</b>			3.2 NAME			
STREET ADDRESS	<b>987 INDIAN WAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LILBURN GA</b>			3.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GIMENEZ, ROBERT</b>			4.2 NAME			
STREET ADDRESS	<b>987 INDIAN WAY</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LILBURN GA</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

CR2E034 (10/97)