

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

SEP 11 - 1995 9:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006188 (6)**

1. Corporation Name

NORTH AMERICAN VAN LINES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4267 1/2 N. EDGEWOOD AVENUE JACKSONVILLE FL 32205	4267 1/2 N. EDGEWOOD AVENUE JACKSONVILLE FL 32205

2. Principal Place of Business	28. Mailing Address
21. 5001 US Hwy 30 W. Suite, Apt. #, etc.	26. 5001 US Hwy 30 W. Suite, Apt. #, etc.
22. P.O. Box 988 City & State	27. P.O. Box 988 City & State
23. FORT WAYNE, IN Zip	28. FORT WAYNE, IN Zip
24. 46801-0988 25. US	29. 46801-0988 30. US

3. Date incorporated or Qualified	3a. Date of Last Report
12/05/1994	
4. FEI Number	Applied For
52-1840893	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
C T CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent
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, as the State of Florida). Such change was authorized by the corporation's board of directors, thereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
I, _____, Registered Agent, agree to accept appointment as registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	1. NAME	☐ Change ☐ Addition
NAME	PCD BROGAN, R A	2. NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	3. STREET ADDRESS	
CITY & STATE	FORT WAYNE IN	4. CITY & STATE	
OFFICER	V	5. NAME	☐ Change ☐ Addition
NAME	MILEWSKI, RONALD L	6. NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	7. STREET ADDRESS	
CITY & STATE	FORT WAYNE IN	8. CITY & STATE	
OFFICER	S	9. NAME	☐ Change ☐ Addition
NAME	BURNS, GERALD A	10. NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	11. STREET ADDRESS	
CITY & STATE	FORT WAYNE IN	12. CITY & STATE	
OFFICER	T	13. NAME	☐ Change ☐ Addition
NAME	HUNDAGEN, PETER M	14. NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	15. STREET ADDRESS	
CITY & STATE	FORT WAYNE IN	16. CITY & STATE	
OFFICER	D	17. NAME	☐ Change ☐ Addition
NAME	GOODE, DAVID R	18. NAME	
STREET ADDRESS	30 COMMERCIAL PLACE	19. STREET ADDRESS	
CITY & STATE	NORFOLK VA	20. CITY & STATE	
OFFICER	D	21. NAME	☐ Change ☐ Addition
NAME	TURBYVILLE, JOHN R	22. NAME	
STREET ADDRESS	3 COMMERCIAL PLACE	23. STREET ADDRESS	
CITY & STATE	NORFOLK VA	24. CITY & STATE	

14. I, _____, certify that the information supplied with the filing is, accurately, true and does not equal, for the corporation stated in Section 13, Florida Statutes. I further certify that the information indicated on the annual report, or supplemental annual report, or both, as the case may be, and that my signature shall have the same legal effect as if made under oath that I am a duly qualified officer or director of the corporation and that the information furnished on the return of the corporation is true and correct. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: MARK D. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(219) 429-3897