

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

**APPROVED  
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95 MAY -1 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # J08698 (9)**

1. Corporation Name  
**NAVTRANS CONTAINER LINES, INC.**

Principal Place of Business Mailing Address

5001 U.S. HWY 30 W.  
P.O. BOX 988  
FT. WAYNE IN 46835  
US

5001 U.S. HWY.30 WEST  
P.O. BOX 988  
FT.WAYNE IN 46801-7988  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 5001 US Hwy 30 W 26 5001 US Hwy 30 W  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 P.O. Bdx 988 27 P.O. Bdx 988  
City & State City & State  
23 Ft. Wayne, IN 28 Ft. Wayne, IN  
Zip Country Zip Country  
24 46801-0988 25 US 29 46801-0988 30 US

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/10/1986 06/23/1994

4. FEI Number Applied For  
35-1674670 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. 100.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and this is applicable) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, ALAN R	1.2 NAME	
STREET ADDRESS	5001 U.S. HWY. 30W	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT WAYNE IN	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GERALD A.	2.2 NAME	
STREET ADDRESS	5001 US HWY 30 W	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT WAYNE IN	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILEWSKI, RONALD, L	3.2 NAME	
STREET ADDRESS	5001 US HWY 30 W	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT WAYNE IN	3.4 CITY - ST - ZIP	
TITLE	EVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLSON, IAN M	4.2 NAME	
STREET ADDRESS	5001 US HWY 30 W	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT WAYNE IN	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSHLEY, FREDERICK J.	5.2 NAME	
STREET ADDRESS	5001 US HWY 30 W.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ELLIOT R.	6.2 NAME	
STREET ADDRESS	5001 US HWY 30 W.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	6.4 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 110.07(3)(k), 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, upon an attachment with an address.

SIGNATURE: **MARK D. MILLER** (219) 429-3897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date

J08698

**NAVTRANS Container Lines, Inc.**

**Additional Officers:**

**Assistant Treasurer:**

**Mark D. Miller  
5001 US Highway 30 West  
Fort Wayne, Indiana 46818**