

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H87259

(8)

1. Corporation Name

A-1 STEVENS VAN LINES, INC.

Principal Place of Business

6716 BEST FRIEND RD.  
NORCROSS GA 30071

Mailing Address

6716 BEST FRIEND RD.  
NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1985

4. FEI Number

59-2609312

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 2913A NORTHEAST PKWY

Suite, Apt. #, etc.

22

City & State

23 ATLANTA GA

Zip

24 30360

Country

25 GUINNETT

2a. Mailing Address

26 2913A NORTHEAST PKWY

Suite, Apt. #, etc.

27

City & State

28 ATLANTA GA

Zip

29 30360

Country

30 GUINNETT

9. Name and Address of Current Registered Agent

SULLIVAN, CHUCK A.  
311 S. MISSOURI AVE.  
CLEARWATER FL 34616

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, 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

(R001) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STEVENS, ARCHIE H., JR.  
STREET ADDRESS 3445 STATELY OAKS LANE  
CITY-ST-ZIP DULUTH GA

TITLE V ☐ DELETE

NAME CAMPANALE, JACK L  
STREET ADDRESS 1102 TREE TRAIL PKWY  
CITY-ST-ZIP NORCROSS GA

TITLE T ☐ DELETE

NAME GIMENEZ, ROBERT  
STREET ADDRESS 987 INDIAN WAY  
CITY-ST-ZIP LILBURN GA

TITLE S ☐ DELETE

NAME GIMENEZ, ROBERT  
STREET ADDRESS 987 INDIAN WAY  
CITY-ST-ZIP LILBURN GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)