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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90040 043 ***158.75

DOCUMENT # H87259

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

Principal Place of Business	Mailing Address
2913 A NORTHEAST PKWY ATLANTA GA 30360 US	2913A NORTHEAST PKWY ATLANTA GA 30360 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/27/1985

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

4. FEI Number: 59-2609312 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, ARCHIE H., JR.		1.2 NAME		
STREET ADDRESS	3445 STATELY OAKS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	CAMPANALE, JACK L		2.2 NAME	NICOLE C. ROCK	
STREET ADDRESS	1102 TREE TRAIL PKWY		2.3 STREET ADDRESS	1538 PULASKI COURT	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	SUWANEE, GA. 30024	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIMENEZ, ROBERT		3.2 NAME		
STREET ADDRESS	987 INDIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	LILBURN GA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	GIMENEZ, ROBERT		4.2 NAME	WILLIAM H. ENGLISH	
STREET ADDRESS	987 INDIAN WAY		4.3 STREET ADDRESS	2916 SPANISH OAK DR.	
CITY-ST-ZIP	LILBURN GA		4.4 CITY-ST-ZIP	LILBURN, GA. 30047	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ROBERT GIMENEZ 4/28/99 770-416-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)