FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:08

DOCUMENT # N06916 (3)

1. Corporation Name

NATIONAL ASSOCIATION OF OWNER-OPERATORS, INC.

Principal Place of Business	Mailing Address
C/O EDMUND B. CAMPBELL, JR. 206 HARBOR DR. SUITE B VENICE FL 34285	C/O EDMUND B. CAMPBELL, JR. 206 HARBOR DR. SUITE B VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2693578 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CAMPBELL, EDMUND B., III
437 MAHON DRIVE
VENICE FL 34285

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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, EDMUND B.,JR.	1.2 NAME	Campbell, Edmund B., Jr.
STREET ADDRESS	232 KKELWAY DR.	1.3 STREET ADDRESS	951 Inlet Circle
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	Venice, FL
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, EDMUND B.,III	2.2 NAME	Campbell, Edmund B., III
STREET ADDRESS	437 MAHON	2.3 STREET ADDRESS	442 Westgate Drive
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLEOD, J. DONALD	3.2 NAME	
STREET ADDRESS	287 CLOVERLY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINT FARM MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: _____ Edmund B. Campbell, III 2-15-95 813-485-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004200