

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06916 (3)
1. Corporation Name
NATIONAL ASSOCIATION OF OWNER-OPERATORS, INC.



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

Mailing Address
**C/O EDMUND B. CAMPBELL, JR.
206 HARBOR DR. SUITE B
VENICE FL 34285**

3. Date Incorporated or Qualified
12/31/1984

3a. Date of Last Report
02/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2693578		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25.		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
Campbell, Edmund B., III

82. Street Address (P.O. Box Number is Not Acceptable)
442 Westgate Drive

83. City
Venice

84. State
FL

85. Zip Code
34285

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, EDMUND B., JR.			1.2 NAME			
STREET ADDRESS	951 INLET CIRCLE			1.3 STREET ADDRESS			
CITY- ST- ZIP	VENICE FL			1.4 CITY- ST- ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, EDMUND B., III			2.2 NAME			
STREET ADDRESS	442 WESTGATE DRIVE			2.3 STREET ADDRESS			
CITY- ST- ZIP	VENICE FL			2.4 CITY- ST- ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-96

941-485-6210

Date

Daytime Phone

CR2E037 (12/95)