

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

* CORPORATION
* ANNUAL REPORT
1995



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

DOCUMENT # S51875 (0)

1. Corporation Name

HORIZON VAN LINES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 07 PM 9:03

Principal Place of Business

Mailing Address

309 DIVISION AVE #4
ORMOND BEACH FL 32174

309 DIVISION AVE #4
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

3a. Date of Last Report

07/11/1994

4. FEI Number

59-3073807

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**

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 Ormond Bch, FL

26 309 Division Ave.

22 Suite, Apt., #, etc.

Suite #4

27 Suite, Apt., #, etc.

Suite #4

23 City & State

Ormond Bch, FL

28 City & State

Ormond Bch, FL

24 Zip 32174

25 Country USA

29 Zip 32174

30 Country USA

9. Name and Address of Current Registered Agent

MISCHLER, MICHAEL M.
309 DIVISION AVE STE 4
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

N/A

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MISCHLER, MICHAEL M
STREET ADDRESS 309 DIVISION AVE STE 4
CITY- ST- ZIP ORMOND BEACH FL

TITLE ST
NAME GREENLY, SHANNON F
STREET ADDRESS 309 DIVISION AVE STE 4
CITY- ST- ZIP ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 this corporation or the recipient 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Shannon Greenly

5/23/95

(904) 673-8280