

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 844280 (8)

1. Corporation Name
DIVERSIFIED TRIMODAL, INC.

Principal Place of Business

55 GLENLAKE PKWY NE
ATLANTA GA 30328
US

Mailing Address

55 GLENLAKE PKWY NE
ATLANTA GA 30328-3474
US



2. Principal Place of Business

21 55 Glenlake Parkway, NE
Suite, Apt. #, etc.

22 City & State

23 Atlanta, GA

Zip

24 30328

Country

25 US

2a. Mailing Address

26 55 Glenlake Parkway, NE
Suite, Apt. #, etc.

27 City & State

28 Atlanta, GA

Zip

29 30328

Country

30 US

3. Date Incorporated or Qualified

10/02/1979

3a. Date of Last Report

04/29/1996

4. FEI Number

06-1007042

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of registered agent or director of corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
AT	PICA, EUGENE A	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>
D	ALDEN, JOHN W.	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>
DT	CLANIN, ROBERT J	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>
DC	NELSON, KENT C.	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>
S	MODEROW, JOSEPH	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>
AT	AGRESTA, MAURICE	55 GLENLAKE PKWY NE	ATLANTA GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: ya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene A. Pica

1/24/97

Date

(404)828-8330

Daytime Phone #

CR2E034 (9/96)