

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 90196 027 ***150.00

DOCUMENT # 844280

1. Corporation Name

DIVERSIFIED TRIMODAL, INC.



Principal Place of Business

55 GLENLAKE PARKWAY, NE
ATLANTA GA 30328
US

Mailing Address

55 GLENLAKE PKWY NE
ATLANTA GA 30328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AT ☐ DELETE
NAME PICA, EUGENE A
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALDEN, JOHN W.
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME CLANIN, ROBERT J
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME THURSTON, RAY
STREET ADDRESS 990 HAMMOND DR
CITY-ST-ZIP ATLANTA GA 30328

4.1 TITLE DIPIC ☐ Change ☒ Addition
4.2 NAME Daniel P DiMaggio
4.3 STREET ADDRESS 55 Glenlake Pkwy NE
4.4 CITY-ST-ZIP Atlanta, Ga 30328

TITLE VTS ☒ DELETE
NAME THOMPSON, JAMES
STREET ADDRESS 990 HAMMOND DR
CITY-ST-ZIP ATLANTA GA 30328

5.1 TITLE V/T/S ☐ Change ☒ Addition
5.2 NAME Douglas M. Anderson
5.3 STREET ADDRESS 55 Glenlake Pkwy NE
5.4 CITY-ST-ZIP Atlanta, Ga 30328

TITLE D ☐ DELETE
NAME FREDO, PETER
STREET ADDRESS 990 HAMMOND DR
CITY-ST-ZIP ATLANTA FL 30328

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME 55 Glenlake Pkwy NE
6.3 STREET ADDRESS Atlanta GA 30328
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 Eugene A. Pica

4/19/99 (404) 828-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)