

2-4-97 B-1310 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 04 1997 8:00am  
Secretary of State

DOCUMENT # 853042 (0)

1. Corporation Name  
TRAILER CONDITIONERS, INC.

Principal Place of Business

55 NE GLENLAKE PKWY  
ATLANTA GA 30328  
US

Mailing Address

55 NE GLENLAKE PKWY  
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

06/02/1982

3a. Date of Last Report

04/29/1996

4. FEI Number

06-1060329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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 typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
AST	PICA, EUGENE A.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>
DC	NELSON, KENT C.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>
VS	MODEROW, JOSEPH R.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>
DTV	CLANIN, ROBERT J.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>
AST	AGRESTA, MAURICE M.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>
DV	SCHAFER, CHARLES L.	55 NE GLENLAKE PKWY ATLANTA GA		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene A. Pica

1/24/97

Date

(404)828-8330

Daytime Phone #

0012048

CR2E034 (9/96)