

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90103 043 ***150.00

DOCUMENT # 853042

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1982

4. FEI Number

06-1060329

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AST	<input type="checkbox"/> DELETE
NAME	PICA, EUGENE A.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES P	
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MODEROW, JOSEPH R.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	CLANIN, ROBERT J.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	AGRESTA, MAURICE M.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFER, CHARLES L.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ATLAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael L. Eskeau	
6.3 STREET ADDRESS	55 Glenlake Pkwy NE	
6.4 CITY-ST-ZIP	Atlanta, Ga 30328	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (404) 828-6093

Date

Daytime Phone #

CR2E034 (1/98)