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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004006 (3)

1. Corporation Name

INTERMODAL EXPRESS, INC. OF NAPLES

Principal Place of Business

% ARTHUR P. STEINMETZ
300 FIFTH AVE. SUITE 22
NAPLES FL 33940
US

Mailing Address

% ARTHUR P. STEINMETZ
~~1300 TERMINAL TOWER~~
CLEVELAND OH 44113

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

02/02/1994

4. FEI Number

34-1281386

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 1300 Terminal Tower

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSTON, PAUL W JR
300 FIFTH AVE., SOUTH
SUITE 22
NAPLES FL 33940

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSTON, PAUL W
STREET ADDRESS 300 FIFTH AVE., SO. SUITE 22
CITY - ST - ZIP NAPLES FL

TITLE SD
NAME STEINMETZ, ARTHUR P
STREET ADDRESS 1300 TERMINAL TOWER
CITY - ST - ZIP CLEVELAND OH

TITLE TD
NAME LIFSCHULTZ, SIDNEY
STREET ADDRESS 220 HAMMOCK RD.
CITY - ST - ZIP LARCHMONT NY 10538

TITLE VD
NAME BROWN, MERRILL E
STREET ADDRESS 1444 COUNTY ROAD 502
CITY - ST - ZIP BAYFIELD CO 81122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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 110.07(3)(k), 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 applicable or in an attachment with an address.

SIGNATURE:

Arthur P. Steinmetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur P. Steinmetz

2/23/95

(216) 781-1212