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

PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATI

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400004211 (8)

INTERMODAL CARTAGE CO., INC.

Principal Place of Business		ž.	Mailing Address			1 1001100 311		Teel @Beld @Mills		1	
PO BOX 751747 MEMPHIS TN 38175-1747		PO BOX 751747 MEMPHIS TN 38175-1747	PO BOX 751747 MEMPHIS TN 38175-1747								
						3. Date Incor 08/15/19	poraled or Qualified 194		ale of Last Re / 20/1996	eporl	
<u> </u>	lace of Business	2a. Mailing Address	" "T			4. FEI Numbe			 	plied For	
Suite, Apt. #, etc.		Suito Ant # ole	6] Suite, Apt. #, etc			62-114	6133			t Applicable	
22		27	-			5. Certificate	of Status Desired		\$8.75 A Fee Re		
City & State		City & State	City & State			6. Election Ca	ampaign Financing		\$5.00	May Be	
23		28					Contribution		Added t		
Z ip 24	Country 25	Zip	Cour 30			 This corporation has trabited Florida Statutes 		ity for intangible tax under s. 199.032,			
24	9, Name and Address of Current	29 Registered Agent	1301				Address of New R		ZI		
BRANNON, VALARIE					Name				- 		
1832 E. BEAVER				82	Street A	ddress (P.O. Box Nu	mber is Not Accepta	able)			
JAC	KSONVILLE FL 32202								 .		
]				83						l	
			ĺ	84	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the at	L ove	named o	corporation submits the	nis statement for the		• I changing its	s registered	
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 Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and annuliar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
10	Signature, typed or printed many of registered age			l Agei	nt signature r	equired which toiristal (g)	/CHANGES TO OFF	DATE	DIDECTOR	C IN 10	
12.	OFFICERS AND DIRECTORS DELETE		13.	i.E		ADDITIONS	CHANGES TO OFF	ICENS AND	Change	Addition	
NAME	GEORGE, MARK H		1.2 NAME		Ì				_ ,		
STREET ADDRESS	5707 E. HOLMES RD		13 STREET		ADDRESS						
CITY-ST-ZIP	MEMPHIS TN 38141		1.4 C(TY - S		1 - 7:f*						
TITLE	V COOTT DONALD E	[_] DELÆTF	2111111						Change	Addition	
NAME Street Address	SCOTT, DONALD E 5707 E. HOLMES RD		2.2 NAME 2.3 STREET AD		Inablect					l	
CITY-ST-ZIP	MEMPHIS TN 38141		2.3 3 Inter								
TITLE	S	DETELL	3 1 TITLE						Change	Addition	
NAME	GEORGE, MELINDA M		3.2 NAME								
STREET ADDRESS	5707 E. HOLMES RD		3.3 STREET ADDRESS								
CITY-ST-ZIP	MEMPHIS TN 38141	T DELET!	3.4. CITY - ST - 7IP 4 1 TPLE					Change	Addition		
NAME			4 2 N						change	L_I Addition	
STREET ADDRESS	· ·				ADDRESS					l	
CITY-ST-ZIP	4.		4.4 CI	4.4 CHY - \$1 - 7/P							
TITLE	DELETE 5.1		5.1 111	11{					Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 CHY+S1- ZIP 6.1 THEF					Change	Addition		
NAME		_	6 2 N/						~		
STREET ADDRESS			6 3 S1	RCET.	ADDRESS					Ì	
4											

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fustee 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.

President diagnes 1/10/07 901-363-0050