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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # F9400004211 (8)

INTERMODAL CARTAGE CO., INC.

## **FILED** Jul 09 1998 8:00am Secretary of State



Principal Place		Mailing Address			* 1991(99 1139 1914) 9191 9314 9141 9214 9314	114 MATH AINN 11881 11881 1186 1881
PO BOX 751747 PO BOX 751747 MEMPHIS TN 38175-1747 MEMPHIS TN 38175-1747			ļ			
			)  fg-174f		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/15/1994	
2. Principal P	lace of Business	2a, Mailing Address	· · <del>· · · · · · · · · · · · · · · · · </del>	<del></del>	4. FEI Number	Applied For
	7 E. Holmes Rd.	26			62-1146133	Not Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired	CO 7E Additional
22		27			b. Certificate of Status Desired	Fee Required
City & State	, <del>, , ,</del>			\$5.00 мау во		
23 Mc	mphis, /N	<b>28</b> Zip	and the first term of the contract of the cont		Trust Fund Contribution	
24 38	141 25 USA	29	30	'y	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	e current year Inlangible  Yes No
24 00	9. Name and Address of Curre		130]		10. Name and Address of New Registe	
BR	ANNON, VALARIE		8	1 Name		
183	32 <b>E</b> . BEAVER		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
JAC	CK <b>§</b> ONVILLE FL 32202		L		The state of the s	
			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the abo	Ve-named	corporation submits this statement for the purpo	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	∈of Horida. Such change was a	authorized I	by the com	poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE		janons or, cooker berneses, in	J. Add Collect			
	Signature, typod or printed name of registered ag			gent signalure		ATE.
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
THILE	GEORGE, MARK H		1.1 30116		VP Finance	Change At Addition
NAME Street address	5707 E. HOLMES RD		1.2 NAMI	t Et aduress	THING DAKET	
CITY-ST-ZIP	MEMPHIS TN 38141		1.3 STRE		Mike Baker 5707 E. Holmes Ad. Memphis, TN 38141	
TITLE	V	DITTE	2.1 TITLE		MEMPHIS, 10 SVITE	Change Addition
NAME	SCOTT, DONALD E	-	2.2 NAM			
STREET ADDRESS	\$707 E. HOLMES RD			ET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38141		2 4 CITY			
TITLE	8	DELETE	3.1 TIT(F			Change Addition
NAME	<b>GE</b> ORGE, MELINDA M		3.2 NAMI	ī.		
STREET ADDRESS	\$707 E. HOLMES RD		33 STRE	ET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38141		3 4. CITY	-SI-7#		
TITLE		☐ DELETE	4.1 THE	ļ		☐ Change ☐ Addition
NAME			4 2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY+ST-ZIP	and the second s	T BOLETE	4.4 CITY			Change Later
TITLE		☐ DELETE	5 1 117LE			☐ Change ☐ Addition
NAME			5.2 NAMI			
STREET ADDRESS				EL ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -			Change Addition
TITLE	•	L_ DETER	6.1 TITLE			Change Mounton
NAME CTOCCT ANDDECC			6.2 NAME	ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	ertify that the information supplied v	vith this filing does not qualify fo	6.4 CITY- or the exem		ed in Section 119.07(3)(i), Florida Statutes. I furth	er 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 logal 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, your an attrichment with an address

4/20/08 (001)212 0050