

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90390 003 ***150.00

DOCUMENT # F94000004211

1. Entity Name
INTERMODAL CARTAGE CO., INC.



Principal Place of Business
**5707 E HOLMES RD
MEMPHIS, TN 38141 US**

Mailing Address
**PO BOX 751747
MEMPHIS, TN 38175-1747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number
62-1146133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, GLENN
1832 E. BEAVER
JACKSONVILLE, FL 32202**

Name **Valarie Horne**
Street Address (P.O. Box Number is Not Acceptable)
1832 E. Beaver
City **Jacksonville** FL Zip Code **32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Valarie Horne* **Valarie Horne**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-23-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GEORGE, MARK H**
STREET ADDRESS **5707 E. HOLMES RD**
CITY-ST-ZIP **MEMPHIS, TN 38141**

TITLE **VPF** ☐ Delete
NAME **BAKER, MIKE**
STREET ADDRESS **5707 E HOLMES RD**
CITY-ST-ZIP **MEMPHIS, TN 38141**

TITLE **S** ☐ Delete
NAME **GEORGE, MELINDA M**
STREET ADDRESS **5707 E. HOLMES RD**
CITY-ST-ZIP **MEMPHIS, TN 38141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael H. Baker* **Michael H. Baker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #