

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90043 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004158** ✓

1. Corporation Name

**TRANSBRIDGE INTERMODAL SERVICES, INC.**

Principal Place of Business

**6001 Chatham Ctr.  
Orlean Bldg, Suite 350  
Savannah, GA 31405**

Mailing Address

**P. O. Box 2253  
Savannah, GA 31402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/20/89**

4. FEI Number

**58-1867701** ✓

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BURCH, KEN  
5051 Propeller Dr.  
Jacksonville, FL 32206**

10. Name and Address of New Registered Agent

81 Name

**ROBERT SCHULER**

82 Street Address (P.O. Box Number is Not Acceptable)

**5051 Propeller Drive**

83

84 City

**Jacksonville,**

**FL**

85 Zip Code

**32226**

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]*

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	C	<input type="checkbox"/> DELETE
NAME	FRANK K. PEEPLES	
STREET ADDRESS	Sylvan Island	
CITY-ST-ZIP	Savannah, GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	E. GAY MAYFIELD	
STREET ADDRESS	6001 Chatham Ctr.	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	John R. Benton, Jr.	
STREET ADDRESS	6001 Chatham Ctr.	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Debra M. Strouse	
STREET ADDRESS	6001 Chatham Ctr.	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

(912) 239-1330

Daytime Phone #

CR2E034 (11/98)