

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M72353** (9)

1. Corporation Name

GATX CONTRACT CARRIERS, INC.



Principal Place of Business

**1301 RIVERPLACE BLVD
1200
JACKSONVILLE FL 32207
US**

Mailing Address

**1301 RIVERPLACE BLVD
1200
JACKSONVILLE FL 32207
US**

d/o Patrick S. Murphy

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

03/17/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2885610

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

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 (if not a corporation)

Signature, typed or printed name of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NICOSIA, JOSEPH A	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VSD	☐ DELETE
NAME	MOORE, DANIEL D	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	T	☒ DELETE
NAME	DUNN, E PAUL, JR	
STREET ADDRESS	500 W MONROE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	GARDNER, MICHAEL J	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	LEVIN, JOHN D	
STREET ADDRESS	500 W MONROE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	AT	☐ DELETE
NAME	BRANDT, SANDRA K	
STREET ADDRESS	500 W MONROE	
CITY-STATE-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day/Month/Year

CR2E034 (12/95)