

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32143** (0)

1. Corporation Name
INGRAM TOWING COMPANY

Principal Place of Business Mailing Address
4400 HARDING ROAD NASHVILLE TN 37205-2244 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/17/1990** 3a. Date of Last Report **04/13/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **62-1448633** 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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	INGRAM, ORREN H., II
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	VD
NAME	OLDHAM, G. ALLEN
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	S
NAME	MORELLI, WILLIAM P
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	T
NAME	LUNN, THOMAS H.
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	AS
NAME	JONES, WILLIAM S
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	D
NAME	DIEHL, N. N.
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY - ST - ZIP	NASHVILLE TN

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 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 person 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: *Janet C. Ingle* 4/24/95 615-298-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Janet C. Ingle, Asst. Secretary