

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

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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32143 (0)
1. Corporation Name
INGRAM TOWING COMPANY



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

3. Date Incorporated or Qualified: **12/17/1990**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **62-1448633**
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

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 (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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: _____ (NOTE: Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: INGRAM, ORRIN H., II	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	1.2 NAME:	<i>See Attached List</i>
TITLE: VD	NAME: OLDHAM, G. ALLEN	1.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	1.4 CITY-ST-ZIP:	
TITLE: S	NAME: MORELLI, WILLIAM P	2.1 TITLE:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	2.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: LUNN, THOMAS H.	2.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	2.4 CITY-ST-ZIP:	
TITLE: AS	NAME: JONES, WILLIAM S	3.1 TITLE:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: DIEHL, N. N.	3.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	3.4 CITY-ST-ZIP:	
TITLE: AS	NAME: JONES, WILLIAM S	4.1 TITLE:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	4.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: JONES, WILLIAM S	4.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	4.4 CITY-ST-ZIP:	
TITLE: AS	NAME: JONES, WILLIAM S	5.1 TITLE:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: JONES, WILLIAM S	5.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	5.4 CITY-ST-ZIP:	
TITLE: D	NAME: DIEHL, N. N.	6.1 TITLE:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	6.2 NAME:	DIRECTOR CLAVERIE, R. E. 4400 HARDING ROAD, ONE BELLE MEADE PLACE NASHVILLE, TN
TITLE: AS	NAME: JONES, WILLIAM S	6.3 STREET ADDRESS:	
STREET ADDRESS: 4400 HARDING ROAD, ONE BELLE MEADE PLACE	CITY-ST-ZIP: NASHVILLE TN	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 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 attached change with an address.

SIGNATURE: *[Signature]* **4/26/96** **615-298-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert C. Ingle, Assistant Secretary**
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (12/95)

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**INGRAM TOWING COMPANY
OFFICERS AND DIRECTORS LIST**

O. H. Ingram, II One Belle Meade Place 4400 Harding Road Nashville, TN 37205	President and Director
G. A. Oldham One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Vice President, Controller and Director
R. E. Claverie One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Director
T. H. Lunn One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Treasurer
W. P. Morelli One Belle Meade Place 4400 Harding Road Nashville, TN 37205	General Counsel and Secretary
J. E. Anderson, Jr. One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Assistant Secretary
W. S. Jones One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Assistant Secretary
J. C. Ingle One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Assistant Secretary
M. K. Seagraves One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Assistant Treasurer
C. F. Homrich One Belle Meade Place 4400 Harding Road Nashville, TN 37205	Assistant Treasurer