

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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      Mailing Address  
**4400 HARDING ROAD**      **4400 HARDING ROAD**  
**NASHVILLE TN 37205-2244**      **NASHVILLE TN 37205-2244**  
**US**      **US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/17/1990**      **05/01/1996**

4. FEI Number      Applied For  
**62-1448633**      Not Applicable

6. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing            **\$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      2a. Mailing Address

21. State, Apt. #, etc.      26. State, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE       DELETE

NAME      PD      INGRAM, ORRIN H., II

STREET ADDRESS      4400 HARDING ROAD, ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

TITLE       DELETE

NAME      VD      OLDHAM, G. ALLEN

STREET ADDRESS      4400 HARDING ROAD, ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

TITLE       DELETE

NAME      S      MORELLI, WILLIAM P

STREET ADDRESS      4400 HARDING ROAD, ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

TITLE       DELETE

NAME      T      LUNN, THOMAS H.

STREET ADDRESS      4400 HARDING ROAD, ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

TITLE       DELETE

NAME      AS      JONES, WILLIAM S

STREET ADDRESS      4400 HARDING ROAD, ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

TITLE       DELETE

NAME      D      CLAVERIE, R.E.

STREET ADDRESS      4400 HARDING ROAD ONE BELLE MEADE PLACE

CITY-STATE-ZIP      NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME      **SEE ATTACHED LIST**

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      **T**

4.3 STREET ADDRESS      **MITCHELL, ROBERT W.**

4.4 CITY-STATE-ZIP      **4400 HARDING ROAD, ONE BELLE MEADE PLACE**  
**NASHVILLE, TN**

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 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.

SIGNATURE: *James C. Ingle*      4/24/97      615-298-8200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/96)

**INGRAM TOWING COMPANY  
OFFICERS AND DIRECTORS LIST**

O. H. Ingram, II  
One Belle Meade Place  
4400 Harding Road  
Nashville, TN 37205

**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

**President and Director**

R. W. Mitchell  
One Belle Meade Place  
4400 Harding Road  
Nashville, TN 37205

**Treasurer**

D. P. Mecklenborg  
One Belle Meade Place  
4400 Harding Road  
Nashville, TN 37205

**Vice President, General Counsel and  
Secretary**

W. P. Morelli  
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**

**INGRAM TOWING COMPANY (Cont.)**

**C. E. Triplett  
One Belle Meade Place  
4400 Harding Road  
Nashville, TN 37205**

**Assistant Treasurer**