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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90224 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32143**

1. Corporation Name  
**INGRAM TOWING COMPANY**

Principal Place of Business <b>4400 HARDING ROAD NASHVILLE TN 37205-2244 US</b>	Mailing Address <b>4400 HARDING ROAD NASHVILLE TN 37205-2244 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>12/17/1990</b>	
4. FEI Number <b>62-1448633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	PD. <input type="checkbox"/> DELETE
NAME	PHILIP, CRAIG E
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	VD <input type="checkbox"/> DELETE
NAME	OLDHAM, G. ALLEN
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	S <input type="checkbox"/> DELETE
NAME	MORELLI, WILLIAM P
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	T <input type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT W.
STREET ADDRESS	4400 HARDING ROAD ONE BELL MEADE PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	AS <input type="checkbox"/> DELETE
NAME	JONES, WILLIAM S
STREET ADDRESS	4400 HARDING ROAD, ONE BELLE MEADE PLACE
CITY-ST-ZIP	NASHVILLE TN
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLAVERIE, R.E.
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	<b>See Attached List</b>
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]* **4/20/99** **615-298-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JANET C. INGLE, ASSISTANT SECRETARY**

CR2E034 (11/98)