SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500005564 (6) SOUTHERN ATLANTIC INTERMODAL & LOGISTICS, INC.

FILED Sep 12 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address						
696 EAST 21		P. O. BOX 330248	••		}			
JACKSONVILLE FL 32206 ATLANTIC BEACH FL 32233 US US			53		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/23/1995	07/30/199	6	
'.	lace of Business	2a. Mailing Address			4. FEI Number	 	Applied For	
21 645 MAYPORT Rd. 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3300076		Not Applicable	
					Certificate of Status Desired	1 1	5 Additional Regulred	
City & State City & State					6. Election Campaign Financing		May Ele	
23 ATIANTIC BOACHFI 28					Trust Fund Contribution		ed to Fees	
Zip Country Zip			Counti	У	8. This corporation owes or has ba		Intangible	
₂₄			30		Personal Property Tax due June		□ No	
	9, Name and Address of Current F	legistered Agent	8.	1 Name	10. Name and Address of New Re	gistered Agent		
	ARDSLEY, DALE A			Marrie				
225 WATERS ST SUITE 1400			8:	2 Street Ad	idress (P.O. Box Number is Not Acceptab	oie)		
	CK SONMLLE FL 32202-514		8:	3				
•			_			1-1-5		
			84	# City		FL 85 21	b Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	by sistence of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered lagent, 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE				·				
12.	OFFICERS AND D		13.	gent signature rec	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	D	DELETE	1.1 TITLE		7,001,10,10,10,10,10	☐ Change		
NAME	MEHLHOFF, BRETT		1.2 NAME					
STREET ADDRESS	2319 OCEAN FOREST DR		1.3 STRE6	T ADDRESS				
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	F-1	1.4 CITY-					
TITLE		DELETE	2.1 TITLE	- 1		Change	e 🔲 Addition	
NAME			2.2 NAME	ľ			ţ	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2.4 CITY 3.1 TITLE	-81-217		Change	e Acidition	
NAME		_	3.2 NAME	: }				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	e 🔲 Addition	
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STREET ADDRESS			4.3 STREE	T ADDRESS			1	
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NAME STREET ADDRESS			5.2 NAME	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE			☐ Change	e Addition	
NAME .	· · · · · · · · · · · · · · · · · · ·		6.2 NAME			_ •		
STREET ADDRESS	en de la companya de La companya de la co			T ADDRESS			İ	
CITY_ST.7IP	•		64 City	e1.7ID)	

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 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 signaration 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 obtaining of on in attrictiment with an address.