SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000085384 (2)**

1. Corporation Name
INTERMODAL COMPOSITE CORPORATION

Principal Place of Business	Mailing Address
820 BRENTWOOD DRIVE LAKE WALES FL 33853-3401	820 BRENTWOOD DRIVE LAKE WALES FL 33853-3401

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 5840 RED BUG LAKE RD
Suite, Apt. #, etc. 22: # 440
City & State 23: WINTER SPRINGS, FL
Zip 24: 32708 Country 25: SEMINOLE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: ☐ 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

DOYLE, J.W.
820 BRENTWOOD DRIVE
LAKE WALES FL 33853-3401

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 date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE P/D 12 NAME John W Doyle 13 STREET ADDRESS 5840 RED BUG LAKE RD. #440 N/A 14 CITY-ST-ZIP WINTER SPRINGS, FL 32708	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE T/S/D 22 NAME Joseph Bodas 23 STREET ADDRESS 5840 RED BUG LAKE RD #440 24 CITY-ST-ZIP WINTER SPRINGS, FL 32708 N/A	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE V/D 32 NAME Chris Duncan 33 STREET ADDRESS 5840 RED BUG LAKE RD #440 N/A 34 CITY-ST-ZIP WINTER SPRINGS FL, 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE D 42 NAME Robert A Sapp 43 STREET ADDRESS 5840 RED BUG LAKE RD #440 N/A 44 CITY-ST-ZIP WINTER SPRINGS, FL. 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE D 52 NAME Lorance Brown 53 STREET ADDRESS 5840 RED BUG LAKE RD #440 54 CITY-ST-ZIP WINTER SPRINGS, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-15-96 407-656-5641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #