

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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 405416 (9)**

1. Corporation Name  
**TRANSIT MANAGEMENT OF FLORIDA, INC.**



Principal Place of Business <b>1200 W. SOUTH ST.                  ORLANDO FL 32805</b>	Mailing Address <b>225 E. ROBINSON ST.                  300                  ORLANDO FL 32801                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>07/24/1972</b>	4. FEI Number <b>59-1404415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GREGG, ROB                  225 E. ROBINSON ST.                  STE. 300                  ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent 81 Name <b>Leo P. Auger</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>225 E. Robinson St.</b> 83 Ste. 300 84 City <b>Orlando</b> FL 85 Zip Code <b>32801</b>
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11. Pursuant to the provisions of Sections 607.0102 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ED</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>ED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREGG, ROB</b>	1.2 NAME	<b>Leo P. Auger</b>
STREET ADDRESS	<b>225 E. ROBINSON ST., STE. 300</b>	1.3 STREET ADDRESS	<b>225 E. Robinson St., Ste. 300</b>
CITY-ST-ZIP	<b>ORLANDO FL R</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAZINET, SANDRA</b>	2.2 NAME	
STREET ADDRESS	<b>225 E. ROBINSON ST., SUITE 300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEEMAN, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>225 E. ROBINSON ST., STE 300</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAY, JUDITH</b>	4.2 NAME	<b>Rob Gregg</b>
STREET ADDRESS	<b>225 E. ROBINSON ST., SUITE 300</b>	4.3 STREET ADDRESS	<b>225 E. Robinson St., Ste. 300</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ED**  Change  Addition

1.2 NAME **Leo P. Auger**

1.3 STREET ADDRESS **225 E. Robinson St., Ste. 300**

1.4 CITY-ST-ZIP **Orlando, FL**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D**  Change  Addition

4.2 NAME **Rob Gregg**

4.3 STREET ADDRESS **225 E. Robinson St., Ste. 300**

4.4 CITY-ST-ZIP **Orlando, FL**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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.

CR2E034 (10/97)