

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 643438 (5)
1. Corporation Name
FLORIDA TRANSPORTATION SERVICES, INC.

Principal Place of Business
2049 S.E. 35 ST.
P. O. BOX 22696
FORT LAUDERDALE FL 33335

Mailing Address
2049 S.E. 35 ST.
P. O. BOX 22696
FORT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1979

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
24	25	29

4. FEI Number 59-2152659	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S.PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature typed or printed name of requester and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORMAN JR, JOHN C 720 N.E. 20 AVENUE FT LAUDERDALE FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GORMAN, CHERYL J. 720 N.E. 20 AVENUE FT. LAUDERDALE FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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	V GORMAN III, JOHN C.	
3.3 STREET ADDRESS	720 N.E. 20 AVENUE	
3.4 CITY - ST - ZIP	FT. LAUDERDALE FL 33304	
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl J. Gorman 4/28/98 (954) 764-8988

Date: _____ Indiana Phone #: 0278963

CR2E034 (10/97)