

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09210 (7)
 1. Corporation Name
TRANSPORTATION SAFETY CONTRACTORS, INC.



Principal Place of Business 7750 PROFESSIONAL PL TAMPA FL 33637	Mailing Address 7750 PROFESSIONAL PL TAMPA FL 33637-6742
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1982	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-2234741		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POWERS, JOSEPH P 7750 PROFESSIONAL PLACE TAMPA FL 33637			10. Name and Address of New Registered Agent		
			81 Name	James B. Hall	
			82 Street Address (P.O. Box Number is Not Acceptable)	7750 Professional Place	
			83		
			84 City	Tampa	85 Zip Code FL 33637

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: *James B. Hall* DATE: **4/18/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCURIO, WILLIAM J	1.2 NAME	
STREET ADDRESS	7750 PROFESSIONAL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAREK, JAMES	2.2 NAME	James Barry Hall
STREET ADDRESS	7750 PROFESSIONAL PLACE	2.3 STREET ADDRESS	7750 Professional Place
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida 33637
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATELLI, JOHN M	3.2 NAME	Gerry W. Hall
STREET ADDRESS	1840 POLK ST., #1	3.3 STREET ADDRESS	7750 Professional Place
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	Tampa, Florida 33637
TITLE	VPS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PEGGY	4.2 NAME	Daniel L. Osborne
STREET ADDRESS	1402 OAKWOOD LANE EAST	4.3 STREET ADDRESS	7750 Professional Place
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Tampa, Florida 33637
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY, CARL	5.2 NAME	Rosemarie Mulholland
STREET ADDRESS	103 FOXWOOD DRIVE	5.3 STREET ADDRESS	7750 Professional Place
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	Tampa, Florida 33637
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	POWERS, JOSEPH P	6.2 NAME	
STREET ADDRESS	7750 PROFESSIONAL PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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 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: *James B. Hall* DATE: **4/18/97** DAYTIME PHONE: **(813) 985-0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (9/96)