


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90002 012 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G09210** ✓

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Landmark Ctr. - Suite, Apt. #, etc. - 22 Suite 1300 City & State 23 Omaha, NE Zip 24 68102	2a. Mailing Address 26 1200 Landmark Ctr. - Suite, Apt. #, etc. - 27 ste. 1300 City & State 28 Omaha, NE Zip 29 68102	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 11/22/1982	4. FEI Number 59-2234741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.**  
 777 S FLAGLER DR  
 SUITE 500 E  
 WEST PALM BEACH FL 33401

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

12. OFFICERS AND DIRECTORS

TITLE DCV	NAME FRAZIER, L GAINES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1601 FORUM PLACE SUITE 1110		
CITY-ST-ZIP WEST PALM BEACH FL		
TITLE PD	NAME HALL, JAMES B.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7750 PROFESSIONAL PLACE		
CITY-ST-ZIP TAMPA FL		
TITLE ATS	NAME SHAIN, MARK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1601 FORUM PLACE SUITE 1110		
CITY-ST-ZIP WEST PALM BEACH FL 33401		
TITLE ST	NAME OSBORNE, DANIEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7750 PROFESSIONAL PLACE		
CITY-ST-ZIP TAMPA FL		
TITLE AT	NAME MULHOLLAND, ROSEMARIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7750 PROFESSIONAL PLACE		
CITY-ST-ZIP TAMPA FL		
TITLE VD	NAME POWERS, JOSEPH P	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7750 PROFESSIONAL PLACE		
CITY-ST-ZIP TAMPA FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE c/o	NAME Billy V. Ray, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS 1601 Forum Pl, ste. 1110		
1.4 CITY-ST-ZIP West Palm Beach, FL 33401		
2.1 TITLE P	NAME James Barry Hall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS 1601 Forum Pl, ste. 1110		
2.4 CITY-ST-ZIP West Palm Beach, FL 33401		
3.1 TITLE T	NAME Michael Arp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS 1601 Forum Pl, ste. 1110		
3.4 CITY-ST-ZIP West Palm Beach, FL 33401		
4.1 TITLE S	NAME Elizabeth Terrero	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS 1601 Forum Pl, ste. 1110		
4.4 CITY-ST-ZIP West Palm Beach, FL 33401		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: 7/16/99 561-688-0400

CRZE034 (5/99)