


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # H74076 (1)**  
 1. Corporation Name  
**TRANSIT GROUP, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>8923 WESTERN WAY, #22<br/>                 JACKSONVILLE FL 32256</b> | Mailing Address<br><b>8923 WESTERN WAY, #22<br/>                 JACKSONVILLE FL 32256</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |                                    |  |
|--|--|---|--|---|------------------------------------|--|
| 2. Principal Place of Business<br><b>21 2859 Paces Ferry Road</b><br>Suite, Apt. #, etc.<br><b>22 Suite 1740</b><br>City & State<br><b>23 Atlanta, GA</b><br>Zip Country<br><b>24 30339 25 USA</b> |  | 2a. Mailing Address<br><b>26 2859 Paces Ferry Road</b><br>Suite, Apt. #, etc.<br><b>27 Suite 1740</b><br>City & State<br><b>28 Atlanta, GA</b><br>Zip Country<br><b>29 30339 30 USA</b> |  | 3. Date Incorporated or Qualified<br><b>08/28/1985</b>                          | 4. FEI Number<br><b>59-2576629</b> | Applied For<br><input type="checkbox"/> 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 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<br><b>NELLUMS, WAYNE N</b><br><b>8923 WESTERN WAY</b><br><b>STE. 22</b><br><b>JACKSONVILLE FL 32256</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br><b>C T Corporation System</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b><br>83<br>84 City<br><b>Plantation</b> <b>FL</b> 85 Zip Code<br><b>33324</b> |  |  |  |
|---|--|--|--|---|--|--|--|

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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**JENNIFER FAULTMAN**  
**ASSISTANT SECRETARY**  
 1-30-98

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                               |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  |
|--|--|--|--|
| TITLE<br><b>C</b>  | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>Director</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>T. WAYNE DAVIS</b>                            |  | 1.2 NAME<br><b>Derek E. Dewan</b>                            |  |
| STREET ADDRESS<br><b>8923 WESTERN WAY, M STE. 22</b>     |  | 1.3 STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL 32256</b>              |  | 1.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |
| TITLE<br><b>PCEO</b>                                     | <input type="checkbox"/> DELETE            | 2.1 TITLE<br><b>Vice President</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>BELYEW, PHILIP A</b>                          |  | 2.2 NAME<br><b>N. Mark DiLuzio</b>                           |  |
| STREET ADDRESS<br><b>8923 WESTERN WAY, STE. 22</b>       |  | 2.3 STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>                    |  | 2.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |
| TITLE<br><b>V</b>  | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br><b>Director</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>HIGGINS, CHARLES M</b>                        |  | 3.2 NAME<br><b>Carroll L. Fulmer</b>                         |  |
| STREET ADDRESS<br><b>8923 WESTERN WAY, STE. 22</b>       |  | 3.3 STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>                    |  | 3.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |
| TITLE<br><b>VP</b>                                       | <input type="checkbox"/> DELETE            | 4.1 TITLE<br><b>Director</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>NELLUMS, WAYNE N.</b>                         |  | 4.2 NAME<br><b>Ford G. Pearson</b>                           |  |
| STREET ADDRESS<br><b>8923 WESTERN WAY, SUITE 22</b>      |  | 4.3 STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>                    |  | 4.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |
| TITLE  | <input type="checkbox"/> DELETE            | 5.1 TITLE<br><b>C</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | 5.2 NAME<br><b>T. Wayne Davis</b>                            |  |
| STREET ADDRESS   |  | 5.3 STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  |
| CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |
| TITLE<br><b>VP</b>                                       | <input checked="" type="checkbox"/> CHANGE | 6.1 TITLE<br><b>PCEO</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Wayne N. Nellums</b>                          |  | 6.2 NAME<br><b>Philip A. Belyew</b>                          |  |
| STREET ADDRESS<br><b>2859 Paces Ferry Rd, Suite 1740</b> |  | 6.3 STREET ADDRESS<br><b>2859 Paces Rd, Suite 1740</b>       |  |
| CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  | 6.4 CITY-ST-ZIP<br><b>Atlanta, GA 30339</b>                  |  |

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)