SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (1)TRANSTAR TRANSPORTATION, INC. Principal Place of Business Mailing Address 7065 MCCOY RD 7065 MCCOY RD ORLANDO FL 32882 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1986 01/26/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2687327 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zin Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name gaye, robert t. 3147 BLAKELY DR Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32835 83 84 City 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 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. Styractive typed or printed name of registered agent and tricin applicable (NOTE Registered Agent is greature required when reinstating) ()A't 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DP DELETE 1.1 T(7) F Change Addition NAME GAYE, ROBERT T. 1.2 NAME CR2E034 STREET ADDRESS 7624 DEBEAUBIEN DRIVE 1.3 STREET ADDRESS CITY - ST - ZIP Orlando fl 1.4 CHTY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY - \$1 - ZIP TITLE DELETE 51 TIFLE Change Add-tion NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if that my name appears in Brock 12 or Burkey 3 it leads or on an attachment with an address. 6 4 CHY - ST - 2IP SIGNATURE:

Dilyline Phone #

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR