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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48603

1. Corporation Name
FLORIDA TRANSCOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10845 PHILLIPS HWY
P.O. BOX 16793
JACKSONVILLE FL 32256

Mailing Address
10845 PHILLIPS HWY
P.O. BOX 16793
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
12/23/1986

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2747500

21 Suite, Apt. #, etc.

26 P. O. Box 16793

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 JACKSONVILLE, FL

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

29 32245-6793 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUGER, C. RICHARD
10845 PHILLIPS HIGHWAY
JACKSONVILLE FL 32216

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

3/22/99
DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Nelson, H. Steven and Kruger, C. Richard.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include Kruger, Nancy 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date
909/262-2100
Daytime Phone #

CR2E034-11/98