

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

**FILED**  
**Jun 11 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
 • **Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000008458 (8)**

1. Corporation Name  
**TRANSPORTATION MANAGEMENT GROUP, INC.**



Principal Place of Business: **2105 NW 1ST AVE. HIGH SPRINGS FL 32643**  
 Mailing Address: **P.O. BOX 2487 HIGH SPRINGS FL 32655-2487**

3. Date Incorporated or Qualified: **01/27/1995**  
 3a. Date of Last Report: **12/06/1996**  
 4. FEI Number: **59-3292640**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24  
 25  
 26  
 27  
 28  
 29  
 30

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

9. Name and Address of Current Registered Agent  
**O'NEAL, D. DANIEL**  
**330 NW 4 ST**  
**HIGH SPRINGS FL 32643**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.05(5), Florida Statutes.  
 SIGNATURE: *[Signature]* DATE: **04/30/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ONEIL, D. DANIEL	
STREET ADDRESS	330 NW 4TH STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PORTER O'NEIL, TERRI L	
STREET ADDRESS	330 NW 4TH STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D. Daniel O'Neal	
13 STREET ADDRESS	PO Box 2487 (N/A)	
14 CITY-ST-ZIP	High Springs, FL 32655-2487	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Teri L. Porter O'Neal	
23 STREET ADDRESS	PO Box 2487 (N/A)	
24 CITY-ST-ZIP	High Springs, FL 32655-2487	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *[Signature]* DATE: **04/30/97** 904/454-4243

CR2E034 (9/96)