

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

50 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08119** (2)

TRANSPORTATION PROGRAM MANAGERS, INC.

Principal Place of Business	Mailing Address
2003 W. KENNEDY BLVD. STE 200 TAMPA FL 33606 US	2003 W. KENNEDY BLVD. STE 200 TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

3. Date for Corporation of Qualified	3a. Date of Last Report
01/21/1992	05/01/1994
4. FEI Number	Applied For Not Applicable
59-3128933	
5. Certificate of Status Issued	<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
7. This corporation has failed to file the tax under 119032 Florida Statute	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEZIEL, JILL M 109 N. BRUSH STREET SUITE 500 TAMPA FL 33602	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 607.011 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both as the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the requirement as registered agent. I am familiar with and accept the requirements for Section 607.011, Florida Statutes.

SIGNATURE _____ Date of Signature _____
 Signature of Current Registered Agent _____ Date of Signature _____
 Signature of New Registered Agent _____ Date of Signature _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ST PINKSTAFF, JUDITH 1014 WESTERN AVENUE BRANDON FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST MADIEDO, DEBRA S 2003 WEST KENNEDY BLVD #200 TAMPA FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and reliable for the registration statement as required by Florida Statutes. I further certify that the information was filed on the person report or supplemental change report as required and as stated and that my signature shall have the same legal effect and shall be as valid as that of any other officer or director of this corporation for the purpose of making any change as required by Chapter 207, Florida Statutes, and that my name appears on the report or supplemental change report as required by Florida Statutes.

SIGNATURE: Debra S. Madiedo 4/27/95 813-251-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR