

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

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G09210**
 1. Corporation Name
Transportation Safety Contractors, Inc.

Principal Place of Business Mailing Address
7750 Professional Place
Tampa FL 33637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/82	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2234741	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

James B. Hall
7750 Professional Place
Tampa FL 33637

10. Name and Address of New Registered Agent

81 Name
Valdes-Fauli Corporate Services, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Flagler Drive
 83 Suite 500 E.
 84 City
West Palm Beach **FL** 85 Zip Code
33401

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 607.0508, Florida Statutes.

SIGNATURE *Michael V. Mitrione* **Michael V. Mitrione, VP** **6/5/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	D, C, EVP ☒ Change ☐ Addition
NAME		1.2 NAME	Frazier L. Gaines
STREET ADDRESS		1.3 STREET ADDRESS	1601 Forum Place, Suite 1110
CITY - ST - ZIP		1.4 CITY - ST - ZIP	West Palm Beach FL 33401
TITLE	☐ DELETE	2.1 TITLE	D, P ☒ Change ☐ Addition
NAME		2.2 NAME	James Barry Hall
STREET ADDRESS		2.3 STREET ADDRESS	7750 Professional Place
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Tampa FL 33637
TITLE	☐ DELETE	3.1 TITLE	S, AT ☒ Change ☐ Addition
NAME		3.2 NAME	Mark Shain
STREET ADDRESS		3.3 STREET ADDRESS	1601 Forum Place, Suite 1110
CITY - ST - ZIP		3.4 CITY - ST - ZIP	West Palm Beach FL 33401
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Frazier L. Gaines* **Frazier L. Gaines** **6/5/98** **(561) 688-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)