

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:06

DOCUMENT # 173093 (6)

1. Corporation Name

TERMINAL SERVICE COMPANY

Principal Place of Business

**122 APPEYARD DRIVE
P.O. BOX 1200
TALLAHASSEE FL 32302**

Mailing Address

**122 APPEYARD DRIVE
P.O. BOX 1200
TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/07/1953

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0752755

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

24 Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MCKENZIE, W.G. JR.
1420 GOLF TERRACE
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	AUDIE, JOSEPH J JR
STREET ADDRESS	705 S RIDE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DP
NAME	MCKENZIE, W GUY SR.
STREET ADDRESS	4124 COVENANT LN
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	SMITH, W.M.
STREET ADDRESS	1819 IVAN DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	S
NAME	LANDRUM, ROBERT G JR
STREET ADDRESS	1320 W INDIANHEAD DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	1917 WILLOW RUN
44 CITY - ST - ZIP	TALLAHASSEE, FL 32312
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(3)(k), 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]

J.J. Audie, Jr.

3-28-95

94-576-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone / Facsimile