FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 03 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 # **173093** **(6)**

1. Corporation Name
TERMINAL SERVICE COMPANY

Principal Place of Business
122 APPLEYARD DRIVE
P.O. BOX 1200
TALLAHASSEE FL 32302

Mailing Address
122 APPLEYARD DRIVE
P.O. BOX 1200
TALLAHASSEE FL 32302-1200

3. Date Incorporated or Qualified: **04/07/1953**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
LANDRUM, ROBERT G JR
1917 WILLOW RUN
TALLAHASSEE FL 32312

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	AUDIE, JOSEPH J JR	
STREET ADDRESS	705 S RIDE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	☑ DELETE
NAME	MCKENZIE,W GUY SR.	
STREET ADDRESS	4124 COVENANT LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	☑ DELETE
NAME	SMITH, W.M.	
STREET ADDRESS	1819 IVAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☐ DELETE
NAME	LANDRUM, ROBERT G JR	
STREET ADDRESS	1917 WILLOW RUN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☐ Change ☑ Addition
3.2 NAME	Ann Cross	
3.3 STREET ADDRESS	122 Appleyard Dr.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32302	
4.1 TITLE	P	☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	James C. Shaeffer	
5.3 STREET ADDRESS	122 Appleyard Drive	
5.4 CITY-ST-ZIP	Tallahassee, FL 32302	
6.1 TITLE	S	☐ Change ☑ Addition
6.2 NAME	Dana Fowler	
6.3 STREET ADDRESS	122 Appleyard Dr.	
6.4 CITY-ST-ZIP	Tallahassee, FL 32302	

CR2E034 (9/96)

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: _____ 5-29-97 (904) 576-1221