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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

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1. Corporation Name

INDUSTRIAL TRAFFIC CONSULTANTS, INC.

JOHNSTON & JOHNSTON OF CENTRAL FLORIDA

Principal Place of Business

Mailing Address

902 WATERWAY PLACE  
LONGWOOD FL 32750

902 WATERWAY PLACE  
LONGWOOD FL 32750

1550 GRACE LAKE CIRCLE  
Longwood, FL 32750 ← same

2. Principal Place of Business

2a. Mailing Address

21 1550 GRACE LAKE CIRCLE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Longwood, FL

28

Zip Country

Zip Country

24

32750

25 Seminole

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIANE T HATHAWAY  
1550 GRACE LAKE CIRCLE  
LONGWOOD FL 32750

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 Diane Hathaway Johnston, Secretary-Treasurer  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/6/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HATHAWAY, DIANE T.  
STREET ADDRESS 902 WATERWAY PLACE  
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE PD  
1.2 NAME JOSEPH C. JOHNSTON  
1.3 STREET ADDRESS 1550 GRACE LAKE CIRCLE  
1.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE TSD  
NAME HATHAWAY, ELIZABETH  
STREET ADDRESS 902 WATERWAY PLACE  
CITY-ST-ZIP LONGWOOD FL

2.1 TITLE TSD  
2.2 NAME DIANE HATHAWAY JOHNSTON  
2.3 STREET ADDRESS 1550 GRACE LAKE CIRCLE  
2.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Joseph C. Johnston JOSEPH C. JOHNSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99  
Date

407-831-2648  
Daytime Phone #

0073620

CR2E034 (11/98)