ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 421056 (3)

1. Corporation Name
TRANSEX, INC.

Principal Place of Business	Mailing Address
502 E. BRIDGERS AVE. AUBURNDALE FL 33823	502 E. BRIDGERS AVE. AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1973
3a. Date of Last Report: 08/19/1994

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1589402 ☐ 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	10. Name and Address of New Registered Agent
JACOBS, MILTON E 502 E. BRIDGERS AVE AUBURNDALE FL 33594	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, GUY	1.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	EVD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, MARK	2.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	KONICEK, KAREL	3.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	VTS	4.1 TITLE	VTD ☒ Change ☐ Addition
NAME	JACOBS, MILTON	4.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	Billy R. Ready
STREET ADDRESS		5.3 STREET ADDRESS	502 E. Bridgers Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Billy R. Ready 4/20/95 (813) 967-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319696 CP