

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90298 001 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 421056**

1. Corporation Name  
**TRANSEX, INC.**



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

Mailing Address  
**502 E. BRIDGERS AVE.  
AUBURNDALE FL 33823**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1973</b>	
21		26		4. FEI Number <b>59-1589402</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	29	Zip		
25	Country	30	Country		

**9. Name and Address of Current Registered Agent**

**JACOBS, MILTON E  
502 E. BRIDGERS AVE  
AUBURNDALE FL 33594**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSTICK, GUY</b>	1.2 NAME	
STREET ADDRESS	<b>502 E. BRIDGERS AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSTICK, MARK</b>	2.2 NAME	
STREET ADDRESS	<b>502 E. BRIDGERS AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINDLE, THOMAS B</b>	3.2 NAME	
STREET ADDRESS	<b>502 E. BRIDGERS AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, MILTON</b>	4.2 NAME	
STREET ADDRESS	<b>502 E. BRIDGERS AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>READY, BILLY R</b>	5.2 NAME	
STREET ADDRESS	<b>502 E. BRIDGERS AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*[Signature]*

2/24/99

941-965-6878

CR2E034 (1/98)