SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:11

DOCUMENT # **443827** **(1)**

1. Corporation Name
TRANSMISSION SERVICE OF FLORIDA CO.

Principal Place of Business	Mailing Address
1629 FIFTH AVENUE, NORTH ST. PETERSBURG FL 33713	1629 FIFTH AVENUE, NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1974
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-1513063 ☐ 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
EDDY, JAMES P 1629 FIFTH AVENUE NORTH ST PETERSBURG FL 33713	81 Name: Mark A. Chandler 82 Street Address (P.O. Box Number is Not Acceptable): 1629 Fifth Avenue N. 83 84 City: St. Petersburg FL 85 Zip Code: 33713

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: Mark A Chandler — Mark A. Chandler, Secretary Treasurer — 6/14/95
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	VP	11 TITLE		☐ Change ☐ Addition
NAME	EDDY, HENRIETTA B	12 NAME		
STREET ADDRESS	1629 5TH AVE, NO	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	14 CITY-ST-ZIP		
TITLE	~~T~~	21 TITLE		☐ Change ☐ Addition
NAME	~~EDDY, JAMES P~~	22 NAME		
STREET ADDRESS	~~1629 5TH AVE, NO~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~ST PETERSBURG, FL 00000~~	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, DEBBIE L	32 NAME		
STREET ADDRESS	5752 55TH TERRACE NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	ST	☒ Change ☐ Addition
NAME	CHANDLER, MARK A.	42 NAME		
STREET ADDRESS	5752 55TH TERRACE NORTH	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Mark A Chandler — Mark A. Chandler — 6/14/95 — 813-894-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01053158 CP