2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED **DOCUMENT # 503739** Mar 12, 2007 08:00 AM **Secretary of State** TRANSPORTATION CONTROL SYSTEMS INC. Principal Place of Business Mailing Address . 1030 S 86TH STREET 1030 S 86TH STREET **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1673144 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GILLIS, JOHN TYLER Street Address (P.O. Box Number is Not Acceptable) 1030 S 86TH STREET **TAMPA FL 33619** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept SIGNATURE Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition DHE Delete TITLE GILLIS, JOHN TYLER NAME NAME U00000662833 909 3RD ST. EAST STREET ADDRESS STREET ADDRESS 03/21/07-80029-013 150.00 PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete mu. ☐ Change Addition GILLIS, PATRICIA ANN 909 3RD ST. EAST STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY ST-ZIP TITLE Delete Change Addition GILLIS, PATRICIA ANN NAME NAME STREET ADDRESS 909 3RD ST. EAST STREET ADORESS CHY-ST-ZIP PALMETTO FL 34221 CITY-S1-ZIP THIE Delete ☐ Change Addition ПИГ GILLIS, STEVE TYLER NAME NAME 2918 W. TAMBAY STREET ADDRESS STREET ADORESS TAMPA FL 33611 CHY-SI-742 CITY-S1-7IP Delete TITLE ☐ Change Addition GILLIS, JOHN SCOTT NAME NAME 1030 S. 86TH ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CHY-SI-ZIP HITLE Addition ☐ Delete HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an atlachment with an address, with all other like empowered.

PATRICIA A. G.LCIS 3/8/07 8/3-630-2800

FIGNING OFFICER OR DIRECTOR

Date

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