

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 822910 (6)

1. Corporation Name

TRANSTATES PROPERTIES INCORPORATED

Principal Place of Business

1600 VALLEY ROAD  
WAYNE NJ 07470

Mailing Address

1600 VALLEY ROAD  
WAYNE NJ 07470



3. Date Incorporated or Qualified

06/09/1969

3a. Date of Last Report

07/05/1995

4. FEI Number

22-1898474

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORRIGAN, JOHN F.  
924 BARNETT BANK BLDG.  
JACKSONVILLE FL 32213

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

Signature typed or printed name of registered agent and date

(Note: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LATTIMORE, JR. W.	
STREET ADDRESS	14 MIDDLETON ROAD	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOUTENDIJK, D.R.	
STREET ADDRESS	52 BRIARCLIFF ROAD	
CITY-ST-ZIP	MOUNTAIN LAKES NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARNEY, DONALD W.	
STREET ADDRESS	1600 VALLEY RD.	
CITY-ST-ZIP	WAYNE NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLIOTT, MARY BETH	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HODGE, DENNIS S.	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KOBLEUR, JAMES R.	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-ST-ZIP	WAYNE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LATTIMORE, JR. W.	
1.3 STREET ADDRESS	1 SKIDAWAY VILLAGE WALK	
1.4 CITY-ST-ZIP	SAVANNAH, GA 31411	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOUTENDIJK, D.R.	
2.3 STREET ADDRESS	1600 VALLEY ROAD	
2.4 CITY-ST-ZIP	WAYNE, NJ 07470	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HODGE, DENNIS S.	
5.3 STREET ADDRESS	1 LANDINGS WAY	
5.4 CITY-ST-ZIP	SAVANNAH, GA 31416	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KOBLEUR, JAMES R.	
6.3 STREET ADDRESS	W. LATHROP AVENUE	
6.4 CITY-ST-ZIP	SAVANNAH, GA 31411	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W. BARNEY

TREASURER (201) 628-2000

Date:

Day/No. Phone #

CR2E034 (12/95)