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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 822910

1. Corporation Name

TRANSTATES PROPERTIES INCORPORATED

	· · · · · · · · · · · · · · · · · · ·								#	<b>6</b> 1) <b>6 6</b> 1) <b>6 18</b> 1 <b>6</b> 1			
Principal Place of Business Mailing Address								( 148191 10110 11210 1101			• •		
1600 VALLEY ROAD 1600 VALLEY ROAD													
WAYNE NJ 07470 WAYNE NJ 07470							DO NOT WRITE IN THIS SPACE						
							3.	Date Incorporated or Q					
							"	06/09/1969					}
2. Principal Place of Business   2a. Mailing Address							, FEI Number				Арр	lied For	
47		$\vdash$	26					22-1898474				Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certificate of Status De	cired		<b>\$8.</b>	<b>75</b> Ad	ditional
22		27	27				3.	. Certificate of Status De	311 EU		F	ee Req	uired
City & State		Cit	City & State				6.	. Election Campaign Fina				.00 h	
3		28						Trust Fund Contribution Added to Fees					
Zip ─_	Country Zip		,	Country 30			8. This corporation owes the current year Intangible Personal Property Tax.						
4	9. Name and Address of Curre	29	Ad Agent	[30]			10	Personal Property Tax.  Name and Address of		Registered /			
	9. Name and Address of Cure	int Registere	- Agent		81	Name		. 100110 0110 1			<u></u>		_ <del>-</del> .
CORRIGAN, JOHN F.								5 6 5 N !- N	<u> </u>				
924 BARNETT BANK BLDG.					82 Street Addre			P.O. Box Number is Not	Accepta	aule)			
JAC	(SONVILLE FL 32213				83	~			-				
						O:h.				<del>_</del>	85	Zip Ci	nde -
	1) 434 ANN ES				84	City				FL.	.	•	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	i02 and 607.1	508, Florida Statu	ites, the al	by 1	-named o	corporatio	on submits this statement locard of directors. I hereb	for the	purpose of pt the appoir	changi ntment	ng its r as reg	egistered istered
agent. I a	m familiar with, and accept the obliq	jations of, Se	ction 607.0505, Fl	orida Statu	ıtes.								
SIGNATURE			W	E: Registered	A ====	t elementum ro	autred when	reinstation)		DATE			<del></del> -
12.	Signature, typed or printed name of registered as	OP DIRECTO		13.	Agen	( Signature re		ADDITIONS/CHANGES	TO OF		D DIR	ECTOF	RS IN 12
TITLE	PD	NO BIRLOT	☐ DELETÉ	1.1 717	LE.	ſ		<u>,</u>			Ch		☐ Addition
NAME	LATTIMORE, JR. W.			1.2 NA	ME								
STREET ADDRESS	1 SKIDAWAY VILLAGE WALD			1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	SAVANNAH GA			1.4 CF	TY-ST	-ZIP							
TITLE	VP		☐ DELETE	2.1	LE						☐ Ch	ange	☐ Addition
NAME	SOUTENDIJK, D.R.			2.2 NA	ME								'
STREET ADDRESS	1600 VALLEY ROAD	•		2.3 ST	REET	ADDRESS							
CITY-ST-ZIP	WAYNE NJ			2.4 C	TY-S						- TT-0		F7 4 3 6 6 6 6 6
TITLE	<b>Τ</b>	باران	DELETE .	= <u>3.1 Tm</u>	Έ <sub>.</sub>		VP AN	ND_CONTROLLER	المحاجب	e •	<b>⊠</b> Ĉh	ange	☐ Addition
NAME	BARNEY, DONALD W.			3.2 NA				OLL, JAMES L.					ļ
STREET ADDRESS						[		NDINGS WAY	,				
CITY-ST-ZIP	WAYNE NJ		O DELETE	3.4. C		T-ZIP	SAVAN	NNAH, GA 3141	<u>)</u>		Cr	nange	Addition
TITLE	S S S S S S S S S S S S S S S S S S S		☐ DELETE	4.1 TT								lange	
NAME	ELLIOTT, MARY BETH			4.2 N		**************************************							
STREET ADDRESS	1600 VALLEY ROAD			- 1		ADDRESS							
CITY-ST-ZIP TITLE	AT WAYNE NJ		DELETE	4.4 CI 5.1 TI		-212					CH	ange	Addition
	HODGE, DENNIS S.		_,	5.2 NA								•	_
NAME STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *			5.3 \$7	REET	ADDRESS							
CITY-ST-ZIP	SAVANNAH GA			5.4 CI		- 1							
TITLE	AS		DELETE	6.1 TF	Œ	$\neg \uparrow$					Cr	ange	Addition
NAME	KOBLEUR, JAMES R.			6.2 N	ME			,					
STREET ADDRESS				6.3 ST	REET	ADDRESS							

14. 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SAVANNAH GA

MARY BETH ELLIOTT

Secretary

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90040 050 \*\*\*150.00

3/30/99