

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002801 (9)

1. Corporation Name

TRANSMART, INCORPORATED



Principal Place of Business

P.O. BOX 1610
FLORENCE AL 35631

Mailing Address

P.O. BOX 1610
FLORENCE AL 35631

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
10/23/1995

4. FEI Number
63-0761692

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

MCKEE, SHANNON
5535 COMMONWEALTH AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name JON MILLER
82 Street Address (P.O. Box Number is Not Acceptable)
3981 BENT GRASS RD.
83
84 City JACKSONVILLE FL 85 Zip Code 32210

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Jon Miller

(NOTE: Registered Agent's signature required when terminating)

DATE

4/9/96

12. OFFICERS AND DIRECTORS

TITLE CP
NAME GAMBLE, GARY
STREET ADDRESS 207 MILLBROOK LANE
CITY-ST-ZIP FLORENCE AL 35630 ☐ DELETE

TITLE VCV
NAME HENDERSON, JAMES E
STREET ADDRESS 1859 LINGERLOST ROAD
CITY-ST-ZIP KILLEN AL 35645 ☐ DELETE

TITLE ST
NAME HENDERSON, JAMES E
STREET ADDRESS 1859 LINGERLOST ROAD
CITY-ST-ZIP KILLEN AL 35645 ☐ DELETE

TITLE D
NAME RICH, BOBBY
STREET ADDRESS RT 11 CHURCH ROAD
CITY-ST-ZIP FLORENCE AL 35630 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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

4/14/96

Daytime Phone #

CR2E034 (12/95)