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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 35631-1610



2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

04/16/1996

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

MILLER, JON
3981 BENT GRASS RD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 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 fully aware of and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 ☐ DELETE

CP
GAMBLE, GARY
207 MILLBROOK LANE
FLORENCE AL 35630

12.2 ☐ DELETE

VCVP
HENDERSON, JAMES E
1859 LINGERLOST ROAD
KILLEN AL 35645

12.3 ☐ DELETE

ST
HENDERSON, JAMES E
1859 LINGERLOST ROAD
KILLEN AL 35645

12.4 ☐ DELETE

D
RICH, BOBBY
RT 11 CHURCH ROAD
FLORENCE AL 35630

12.5 ☐ DELETE

12.6 ☐ DELETE

12.7 ☐ DELETE

12.8 ☐ DELETE

12.9 ☐ DELETE

12.10 ☐ DELETE

12.11 ☐ DELETE

12.12 ☐ DELETE

12.13 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I, the undersigned, 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 included 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
has not been changed, or an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

205 764 9591

CR2E034 (9/96)