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Jan 30 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 # F93000003392 (8)

1. Corporation Name

TRANSPORTATION EQUIPMENT CONSULTANTS, INC.



Principal Place of Business

BOULEVARD CLUB
1900 GULF SHORE BLVD. NORTH, APT 106
NAPLES FL 33940
US

Mailing Address

1300 TERMINAL TOWER
1215 TERMINAL TOWER
CLEVELAND OH 44113
US

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

Boulevard Club
21 1900 Gulf Shore Blvd. North
Apt. 106

2a. Mailing Address

26 50 Public Square
Suite, Apt. #, etc.
27 1300 Terminal Tower

4. FEI Number
34-0973867

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

23 City & State
Naples, Florida

28 City & State
Cleveland, Ohio

24 Zip
34102

25 Country
U.S.

29 Zip
44113

30 Country
U.S.

9. Name and Address of Current Registered Agent

JOHNSTON, PAUL W. JR
300 5TH AVENUE SOUTH
SUITE 22
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
Johnston, Paul W. Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
Boulevard Club
83 1900 Gulf Shore Blvd. North
84 City
Naples FL 85 Zip Code
34102

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, SIDNEY A	
STREET ADDRESS	1900 GULF SHORE BLVD. NORTH, BLV CLUB #106	
CITY-ST-ZIP	NAPLES FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	JOHNSTON, PAUL W JR	
STREET ADDRESS	1900 GULF SHORE BLVD. NORTH BLVD CLUB #106	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEINMETZ, ARTHUR P	
STREET ADDRESS	1300 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

Arthur P. Steinmetz

1/16/97

(216) 781-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527532

CR2E034 (9/96)