

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR -6 AM 9:07****DOCUMENT # F93000005069 (0)**

1. Corporation Name

TRANSBRIDGE NATIONAL, INC.

Principal Place of Business

Mailing Address

**6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405****6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

03/31/1994

4. FBI Number

58-2058198

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.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RON**8000 REGENCY SQUARE BLVD., STE. 210
JACKSONVILLE FL 32211**

81 Name

KEN BURCH

82 Street Address (P.O. Box Number is Not Acceptable)

1921 HECKSCHER DRIVE

83

84 City

JACKSONVILLE**FL**

85 Zip Code

32226

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
PEEPLES, FRANK K
6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MAYFIELD, E. GAY
6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
STROUSE, DEBRA M
6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BENTON, JOHN R JR.
6001 CHATHAM CENTER DR., STE. 350
SAVANNAH GA 31405**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 (checked), or on an attachment with an address.

SIGNATURE:

Debra M. Strouse**3/28/95****(912) 236-1865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(System Phone #)