

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Montemayor
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:36

DOCUMENT # F93000005080 (7)

1. Corporation Name
TRANSMCO, INC.

Principal Place of Business

C/O TRANSAR SERVICES
9443 BENFORD ROAD
ORLANDO FL 32827
US

Mailing Address

C/O TRANSAR SERVICES
9443 BENFORD ROAD
ORLANDO FL 32827
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3199742	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.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE
STE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	DElater, RICHARD	1.2 NAME	
STREET ADDRESS	901 VIA LUGANO	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	STURGILL, KENNETH D	2.2 NAME	
STREET ADDRESS	901 VIA LUGANO	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DElater, JESSICA L	3.2 NAME	
STREET ADDRESS	901 VIA LUGANO	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, JEFFREY E	4.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE., STE 2300	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an officer, director, receiver or trustee.

SIGNATURE:

Signature and typed or printed name of signing officer or director

RICHARD B. DELATER

Date

1-26-95

Typed Name

617-6576