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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

F9300005080 (7)

DOCUMENT # F9
1. Corporation Name

TRANSMCO, INC.					 	H ÉSIN SANI SA	il a a (<u> 1970)</u> 1874 99 4 19
Principal Place	of Business	Mailing Address					ili edili di al	
C/O TRANSAIR SERVICES 9443 BENFORD ROAD ORLANDO FL 32827 C/O TRANSAIR SERVICES 9443 BENFORD ROAD ORLANDO FL 32827 ORLANDO FL 32827								
		US			 Date Incorporated or Qualified 11/09/1993 	d 3a . Da	te of Last 04/04/	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEt Number		1	Applied For
Suite, Apt. #	u, etc.	Suite, Apt. #, etc.		·	59-3199742	···		Not Applicable
22		27			5. Certificate of Status Desired			5 Additional Required
Gity & State (3)		City & State			6. Election Campaign Financing			00 May Be
3] Zip	Country	28	Country		Trust Fund Contribution		Add	ed to Fees
4	25	29	Country 30		8. This corporation has liability for Florida Statutes	orintangible: ′es ☐No	tax under s	199.032
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New		Agent	
	••		81	lame		710	Agont	
A.G.C. 200 S	ORANGE AVE	82 Street Ad		treet Addr	ess (P.O. Box Number is Not Accepta	able)		
STE 23			83	·				
ORLAN	iDO FL 32801							
				ity		FI		p Code
 Pursuant to occepiistore 	the provisions of Sections 607.0503	2 and 607.1508, Florida Statu	rtes, the above-nan	ed corpor	ation submits this statement for the p		anoino ite	rogistored offic
tarnillar with SIGNATURE		tion 607.0505, Florida Statute	es.		o or directors. Thereby accept the ap		s registerer	
SIGNATURE S	egnatini, types or printed name of registered agen	tion 607.0505, Florida Statute at and stie if an ocable in ID DIRECTORS	PS. IOTE: Registered Agent sig		o or directors. Thereby accept the ap	DATE FICERS ANI	D DIRECTO	DRS IN 12
SIGNATURE S	OFFICERS AN VTD DELATER, RICHARD	tion 607.0505, Florida Statute	S. IOTE: Registered Agent sig		when reinstating:	DATE FICERS ANI		
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/- 16-94 647-6575 Dete Deytine Phone #

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: