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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004915**

1. Corporation Name

INTEGRATED TRANSPORT SERVICES, INC.

Principal Place of Business

PO BOX 211173
DENVER CO 80221

Mailing Address

PO BOX 211173
DENVER CO 80221

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

84-1252822

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PATRICK, MARK
7355 22ND STREET NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

Robert Thompson

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

11550 Villa Grand

83

84 City

Ft. Myers

FL

85 Zip Code
33913

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 **PC** ☐ DELETE
NAME **FOURNIER, DANIEL K**
STREET ADDRESS **12242 WOLFF DRIVE**
CITY-ST-ZIP **BROOMFIELD CO 80020**

TITLE **VD** ☐ DELETE
NAME **BOATRIGHT, JON P**
STREET ADDRESS **10975 GRAY CIRCLE**
CITY-ST-ZIP **WESTMINSTER CO 80030**

TITLE **STVC** ☐ DELETE
NAME **FOURNIER, RICK**
STREET ADDRESS **15402 GLENDAVEN WAY**
CITY-ST-ZIP **HOUSTON TX 77082**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **12242 Wolff Drive**
2.4 CITY-ST-ZIP **Broomfield, CO 80020**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **12490 Josephine**
3.4 CITY-ST-ZIP **Thornton, CO 80229**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

DANIEL K. FOURNIER

7-7-99 303 4655767

Date

Daytime Phone #

CR2E034 (5/99)

**MEDICAL TRANSPORT
SERVICES, INC.**



590804-90002-10
F98 000004915

July 7, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Integrated Transport Service, Inc. registered with the State of Florida on August 25, 1998. We were unaware of the annual report filing deadline of May 31 and only recently received notification of this report and the subsequent \$400.00 penalty. We are submitting the fees of \$61.25 and \$88.75 for a total of \$150.00 and request the \$400.00 late fee be waived for this initial report.

Also please note that our mailing address should appear exactly as below.

Medical Transport Services, Inc.
dba Integrated Transport Services, Inc.
P.O. Box 211173
Denver, CO 80221

Thank you for your assistance in this matter.

Sincerely,

Daniel K. Fournier
President

DKF/jf

enclosure