

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # G09210 (7)

1. Corporation Name

TRANSPORTATION SAFETY CONTRACTORS, INC.

Principal Place of Business

7750 PROFESSIONAL PL
TAMPA FL 33637

Mailing Address

7750 PROFESSIONAL PL
TAMPA FL 33637



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

~~HUBBARD, DOUG C~~ JOSEPH P. POWERS
~~6449 COUNTRY CLUB RD~~ 7750 Professional Pl.
~~WESLEY CHAPEL FL 33544~~ Tampa, FL 33637

3. Date Incorporated or Qualified

11/22/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2234741

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

10. Name and Address of New Registered Agent

81 Name

JOSEPH P. POWERS

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

83

7750 Professional PLACE

84 City

TAMPA

FL

85 Zip Code
33637

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: JOSEPH P. Powers, Exec VP

Signature, typed or printed name of registered agent and its filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARLOW, CLARK W
STREET ADDRESS 19831 MICHIGAN AVE
CITY-ST-ZIP ODESSA FL ☒ DELETE

TITLE PD
NAME HUBBARD, C DOUG
STREET ADDRESS 6449 COUNTRY CLUB RD
CITY-ST-ZIP WESLEY CHAPEL FL ☒ DELETE

TITLE V
NAME DONATELLI, JOHN M
STREET ADDRESS 1840 POLK ST., #1
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ DELETE

TITLE VPS
NAME SMITH, PEGGY
STREET ADDRESS 1402 OAKWOOD LANE EAST
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

TITLE VP
NAME ANTHONY, CARL
STREET ADDRESS 103 FOXWOOD DRIVE
CITY-ST-ZIP BRANDON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME William J. MERCURIO
1.3 STREET ADDRESS 7750 Professional PLACE
1.4 CITY-ST-ZIP TAMPA, FL 33637

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME JAMES MAREK
2.3 STREET ADDRESS 7750 Professional PLACE
2.4 CITY-ST-ZIP TAMPA, FL 33637

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME JOSEPH P. Powers
3.3 STREET ADDRESS 7750 Professional PLACE
3.4 CITY-ST-ZIP TAMPA, FL 33637

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Peggy H. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(813) 985-0063

Daytime Phone #

CR2E034 (12/95)