

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).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90002 012 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # G09210

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1982

2. Principal Place of Business

21 1200 Landmark Ctr.

- Suite, Apt. #, etc.

22 Suite 1300

City & State

23 Omaha, NE

Zip Country

24 68102 USA

2a. Mailing Address

26 1200 Landmark Ctr.

- Suite, Apt. #, etc.

27 Ste. 1300

City & State

28 Omaha, NE

Zip Country

29 68102 USA

4. FEI Number

59-2234741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.  
777 S FLAGLER DR  
SUITE 500 E  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DCV ☒ DELETE

NAME FRAZIER, L GAINES  
STREET ADDRESS 1601 FORUM PLACE SUITE 1110  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☒ DELETE

NAME HALL, JAMES B.  
STREET ADDRESS 7750 PROFESSIONAL PLACE  
CITY-ST-ZIP TAMPA FL

TITLE ATS ☒ DELETE

NAME SHAIN, MARK  
STREET ADDRESS 1601 FORUM PLACE SUITE 1110  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ST ☒ DELETE

NAME OSBORNE, DANIEL  
STREET ADDRESS 7750 PROFESSIONAL PLACE  
CITY-ST-ZIP TAMPA FL

TITLE AT ☒ DELETE

NAME MULHOLLAND, ROSEMARIE  
STREET ADDRESS 7750 PROFESSIONAL PLACE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE

NAME POWERS, JOSEPH P  
STREET ADDRESS 7750 PROFESSIONAL PLACE  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE c/o ☒ Change ☐ Addition

1.2 NAME Billy V. Ray, Jr.  
1.3 STREET ADDRESS 1601 Forum Pl, Ste. 1110  
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME James Barry Hall  
2.3 STREET ADDRESS 1601 Forum Pl, Ste. 1110  
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME Michael Arrp  
3.3 STREET ADDRESS 1601 Forum Pl, Ste. 1110  
3.4 CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Elizabeth Terrero  
4.3 STREET ADDRESS 1601 Forum Pl, Ste. 1110  
4.4 CITY-ST-ZIP West Palm Beach, FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

561-688-0400

CRZE034 (5/99)

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