

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J13875 (6)

1. Corporation Name

TRANSIT SOFTWARE SYSTEMS, INC.



Principal Place of Business

13575 58TH ST. N.
SUITE 153
CLEARWATER FL 34620-3721

Mailing Address

13575 58TH ST. N.
SUITE 153
CLEARWATER FL 34620-3721

3. Date Incorporated or Qualified
05/08/1986

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

21 2561 Nursery Rd

2a. Mailing Address

26 2561 Nursery Rd

4. FEI Number

59-2660174

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite "B"

Suite, Apt. #, etc.

27 Suite "B"

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 34624 25 Pinellas

Zip

29 34624 30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEMORE, KENT G
1 BEACH DRIVE SE
SUITE 205
ST PETE FL 33701

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 PD
NAME LEIDY, KENNETH JOHN
STREET ADDRESS P. O. BOX 5793
CITY-ST-ZIP KETCHUM ID ☐ DELETE

TITLE VSD
NAME LEIDY, MARIA EVELYN
STREET ADDRESS 2261 EL DE ORO DRIVE
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/22/96

813-536-3445

Date

Daytime Phone

CR2E034 (12/95)