SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:13

DOCUMENT # **K71407** **(6)**

1. Corporation Name
NIFTY TRANSPORTATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
1236 CLEARLAKE RD. COCOA FL 32922 US	1236 CLEARLAKE RD. COCOA FL 32922 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 Cocoa Fla.	26 1236 Clearlake Rd.
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Cocoa Fla.	City & State 28 Cocoa Fla.
Zip / Country 24 32922 / 25 Brevard	Zip / Country 29 32922 / 30 Brevard

4. FEI Number: 59-2944010 ☐ 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

9. Name and Address of Current Registered Agent

HAWKINS, LARRY
7535 PATTI DR
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: William Sullivan
82 Street Address (P.O. Box Number is Not Acceptable): 1445 Holiday Blvd.
83
84 City: Melbourne FL 85 Zip Code: 32931

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: William G. Sullivan III DATE: 7-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAILEY DAVID N. 748 NASSAU ROAD COCOA BCH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES SUMNER H PIERCE 201 PLANTATION CLUB DR # 1116 MELBOURNE FLA 32940 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P MARILYN BAILEY 748 NASSAU RD COCOA BCH FLA 32931	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRES. JACQUELINE R. PIERCE 201 PLANTATION CLUB DR # 1116 MELBOURNE FLA 32940 ☒ Change ☐ Addition
TITLE SEC / NAME / STREET ADDRESS / CITY-ST-ZIP	BARBRA J RUTH 1515 PINEWOOD DR N.E PALM BAY FLA 32905	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	JACQUILINE R PIERCE 201 PLANTATION CLUB DR # 1116 MELBOURNE FLA 32940 ☒ Change ☐ Addition
TITLE TREAS / NAME / STREET ADDRESS / CITY-ST-ZIP	JACK W RUTH 1515 PINEWOOD DR N.E PALM BAY FLA 32905	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	WILLIAM G SULLIVAN III 1445 HOLIDAY BLVD MELBOURNE FLA 32931 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: Sumner H Pierce SUMNER H PIERCE 7-13-95 407 633-6033
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0015367 CP