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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 040 ***158.75

DOCUMENT # L23975 1. Corporation Name TRANSPORTATION SOLUTIONS, INC.

Principal Place of Business Mailing Address SUITE 102 SUITE 102 CLEARWATER FL 33762 US 2. Principal Place of Business 2. Mailing Address US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Do Not WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1989 2. Principal Place of Business 3. Date Incorporated or Qualified 10/19/1989 4. FEI Number 59-29807(02 50. Certificate of Status Desired 59-29807(02 50. Certificate of St						
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TITLE P CHANGE CANAGE AND CONTROL CO	TITLE P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME ALBERTS, RICHARD D 1.2 NAME	NAME ALBERTS, RICHARD D		1.2 NAME			
STREET ADDRESS 903 PINELLAS BAYWAY #206 1.3 STREET ADDRESS	STREET ADDRESS 903 PINELLAS BAYWAY #206		1.3 STREET ADDRESS			
CITY-ST-ZIP ST. PETERSBURG FL 33715 1.4 CITY-ST-ZIP	CITY. ST. 7IP ST. PETERSBURG FL 33715	_	1.4 C/TY-1	ST-ZIP		

DELETE Change Addition 2.1 T/TLE TITLE RICKERSON, DAVID B 2.2 NAME NAME 855 BLOMMINGDALE DR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 23828 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE Tand 5 3.1 TITLE TITLE BRYANT, LEOLA C 3.2 NAME NAME 301 74TH STREET NORTH 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 3.4. City-St-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting 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, with all other like empowered.

6.3 STREET ADDRESS

64 City-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)