

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23975

1. Corporation Name

TRANSPORTATION SOLUTIONS, INC.

FILED

99 SEP -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2685 Ulmertown Road
Suite 102
Clearwater, FL 33762
US

Mailing Address
2685 Ulmertown Road
Suite 102
Clearwater, FL 33762
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1989

4. FEI Number

59-2980702

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

Bryant, I. Carrol
301 74th Street North
St. Petersburg, FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Allowed) 880002882819-2

83 *****61.25 *****61.25

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 agent 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 P
NAME Alberts, Richard D.
STREET ADDRESS 903 Pinellas Bay Way, #206
CITY-ST-ZIP St. Petersburg, FL 33715

☒ DELETE

TITLE T
NAME Bryant, Leola C.
STREET ADDRESS 301 74th Street North
CITY-ST-ZIP St. Petersburg, FL 33710

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P and D ☒ Change ☐ Addition

1.2 NAME Oates, Gary W
1.3 STREET ADDRESS 225 Bush Street, Suite 1700
1.4 CITY-ST-ZIP San Francisco, CA 94104

2.1 TITLE S, T, V and D ☒ Change ☐ Addition

2.2 NAME Holmkvist, David
2.3 STREET ADDRESS 225 Bush Street, Suite 1700
2.4 CITY-ST-ZIP San Francisco, CA 94104

3.1 TITLE V and D ☒ Change ☐ Addition

3.2 NAME Alberts, Richard D.
3.3 STREET ADDRESS 903 Pinellas Bay Way, #206
3.4 CITY-ST-ZIP St. Petersburg, FL 33715

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 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Holmkvist, Secretary

August 21, 1999 (415) 896-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)