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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L29168

TRANSPORTATION EQUIPMENT SPECIALISTS, INC.

		Mailing Address				+			
C/O DANNY R. BARLOW 11637 CAMDEN RD.		C/O DANNY R. BARLOW 11637 CAMDEN RD.				• 120			
JACKSONVILLE FL 32218		JACKSONVILLE FL 32218				DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualifed 11/09/1989	٠,		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Apı	plied For
21		_ _ _	26			59-2978636		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 A	
22		h	27			5. Certifcate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	Mari Da
23		28	—			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the curre	ent vear late		
24	25		0	•		Personal Property Tax.	one your me		□No
24	9. Name and Address of Curre		·• ₁			10. Name and Address of New R	egistered A	gent	
	3. Hame and Addition 1.		•	81	Name			3.	:
BARLOW, DANNY								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11137 RALEY CREEK DR			82 S		Street Addr	Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32225			ŀ	83					4. 4.4
			ŀ	84	City			85 Zip C	Code
		502 CO7 4500 Florido Clatutos	****		named sars	oration submits this statement for the	Purpose of	chahaina ita	registered
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 ag	NOTE :				durbas coloctotion)	DATE	e4 (B)	
	Signature, typec or printed name of registered ag	gent and tribe if applicable. (NUTE: #	Registered A	Agent s	signature required	d when remstaury)			
		OPEN AND DIRECTORS	13.	Agent s	signature required	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12. ΤΠΙΕ		***************************************	•		signature required			D DIRECTO Change	RS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	LE	signature required				
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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, with all other like empowered.

SIGNATURE:

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90004 044 ***150.00