

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L44712** (2)

1. Corporation Name

FINANCIAL TRANSPORTATION SERVICES, INC.



Principal Place of Business

**2195 MAIN ST
SUITE "INO"
DUNEDIN FL 34698
US**

Mailing Address

**2194 MAIN ST
SUITE "INO"
DUNEDIN FL 34698
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DEHART, STEWART W.
2300 MAIN ST.
SUITE "INO"
DUNEDIN FL 34698**

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2988810

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

10. Name and Address of New Registered Agent

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 607.1503, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name, Title, and Address)

Signature of Registered Agent (Print Name, Title, and Address)

Date

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**P
DE HART, THOMAS
2068 NORCROSS
GERMANTOWN TN**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

**ST
DEHART, STEWART W
2300 MAIN STREET SUITE INO
DUNEDIN FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

☐ Change ☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-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)(a), 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

3/12/96

S/T

CR2E034 (12/95)