

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000003622 (7)**

1. Corporation Name

**TRANSPORTATION SERVICES EMPLOYEE SPECIAL FUNDS ORGANIZATION, INC.**



Principal Place of Business

Mailing Address

6721 HANGING MOSS RD  
ORLANDO FL 32807

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ORLANDO FL 32807

3. Date Incorporated or Qualified  
**07/22/1994**

3a. Date of Last Report  
**06/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3198532**

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

10. Name and Address of New Registered Agent

**COLLINS, KATHLEEN  
6721 HANGING MOSS RD  
ORLANDO FL 32807**

81 Name

**Jackie Lastinger**

82 Street Address (P.O. Box Number is Not Acceptable)

**2204 Tupelo Rd**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32808**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

*Jackie Lastinger*

(NOTE: Registered Agent signature required when reinstating)

**3/1/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLLINS, KATHLEEN</b>	
STREET ADDRESS	<b>6721 HANGING MOSS RD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32807</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLLEN, NANCY</b>	
STREET ADDRESS	<b>6721 HANGING MOSS RD</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, RUTH</b>	
STREET ADDRESS	<b>6721 HANGING MOSS RD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32807</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jackie Lastinger</b>	
1.3 STREET ADDRESS	<b>2204 Tupelo Rd</b>	
1.4 CITY - ST - ZIP	<b>Orlando FL 32808</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>A Marie De Laney</b>	
2.3 STREET ADDRESS	<b>602 Starke Lake Cir.</b>	
2.4 CITY - ST - ZIP	<b>Ocoee FL 34761</b>	
3.1 TITLE	<b>SO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Shonda Lucas</b>	
3.3 STREET ADDRESS	<b>2204 Tupelo Rd</b>	
3.4 CITY - ST - ZIP	<b>Orlando, FL 32808</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jackie Lastinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/1/96**

Daytime Phone #

**407 295-5712**

CR2E037 (12/95)