

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90074 020 ***150.00

DOCUMENT # **P08513**

1. Corporation Name

THE TRANSPORTATION GROUP, INC.

Principal Place of Business

**5850 T.G. LEE BLVD. SUITE 520
ORLANDO FL 32822**

Mailing Address

**5850 T.G. LEE BLVD. SUITE 520
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1985

4. FEI Number

59-2547919

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARIL, MICHEL	
STREET ADDRESS	1101 RUE PARENT	
CITY-ST-ZIP	ST-BRUNO (Q)	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMONEAU, ANDRE	
STREET ADDRESS	1101 PARENT STREET	
CITY-ST-ZIP	ST-BRUNO QU	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LEBLANC, JEAN-YVES	
STREET ADDRESS	1101 PARENT ST	
CITY-ST-ZIP	ST-BRUNO QU	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GOULET, PIERRE	
STREET ADDRESS	1101 PARENT STREET	
CITY-ST-ZIP	ST-BRUNO QU	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIVARD, JEAN	
STREET ADDRESS	800 RENE-LEVESQUE BLVD W	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Furniss, Robert	
1.3 STREET ADDRESS	5850 T.G. Lee Blvd.	
1.4 CITY-ST-ZIP	Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alarie, Pierre	
2.3 STREET ADDRESS	1101 Parent Street	
2.4 CITY-ST-ZIP	St. Bruno, Quebec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hebert, Gaston	
4.3 STREET ADDRESS	1101 Parent Street	
4.4 CITY-ST-ZIP	St. Bruno, Quebec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carle, Roger	
5.3 STREET ADDRESS	800 Rene Levesque Blvd W	
5.4 CITY-ST-ZIP	Montreal, Quebec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROGER CARLE, SECRETARY, MARCH 1, 1999

514 861 9481

CR2E034 (11/98)