FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33739** **(4)**

1. Corporation Name
SOUTHERN TRAFFIC SERVICES, INC.

Principal Place of Business
1101 GULF BREEZE PKY
BOX 121 / STE -300
GULF BREEZE FL 35261
US

Mailing Address
1101 GULF BREEZE PKY
BOX 121 / STE - 300
GULF BREEZE FL 35261
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1991**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **62-1368537** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

KNOWLES, SHEILA R
1101 GULF BREEZE PKY - BOX 121
GULF BREEZE FL 32561

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNOWLES, SHEILA R
STREET ADDRESS	2951 CORAL STRIP PKY
CITY-ST-ZIP	GULF BREEZE FL
TITLE	V
NAME	KNOWLES, MARK D
STREET ADDRESS	2951 CORAL STRIP PKY
CITY-ST-ZIP	GULF BREEZE FL
TITLE	ST
NAME	REYNOLDS, MARY L
STREET ADDRESS	2218 VICKI DR
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I 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)(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.

SIGNATURE: Mary L Reynolds — 4/24/95 — 9049345732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388065 CP