

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

93 MAY -1 11 3: 07

SEC. STAFF 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 32661
US**

Mailing Address:

**1101 GULF BREEZE PKY
BOX 121 / STE -300
GULF BREEZE FL 32661
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 04/29/1991	3a. Date of Last Report 05/01/1994
4. FIC Number 62-1368537	Applied Fee 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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**KNOWLES, SHEILA R
1101 GULF BREEZE PKY - BOX 121
GULF BREEZE FL 32661**

10. Name and Address of New Registered Agent

81. Name
82. Street Address, Box Number or Post Office Box
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(8), Florida Statutes, this above named corporation submits the statement for the purpose of changing its registered office or registered agent in both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibilities of Sections 607.03(2), Florida Statutes.

SIGNATURE:

Signature of Registered Agent or Designated Agent for Service of Process

Signature of Registered Agent or Designated Agent for Service of Process

(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4/2)	
NAME	P KNOWLES, SHEILA R 2951 CORAL STRIP PKY GULF BREEZE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
NAME	V KNOWLES, MARK D 2951 CORAL STRIP PKY GULF BREEZE FL	4. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY & STATE		6. STREET ADDRESS	
NAME	ST REYNOLDS, MARY L 2218 VICKI DR BIRMINGHAM AL	7. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY & STATE		9. STREET ADDRESS	
NAME		10. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY & STATE		12. STREET ADDRESS	
NAME		13. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
NAME		16. CITY & STATE	☐ Change ☐ Addition
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NAME		94. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		95. NAME	
CITY & STATE		96. STREET ADDRESS	
NAME		97. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		98. NAME	
CITY & STATE		99. STREET ADDRESS	
NAME		100. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.03(2), Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. That I am not the registered agent for this report and that the removal of my name from the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1 of this report as an attachment with an address.

SIGNATURE:

Mary L Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

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