

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90193 006 ***150.00

DOCUMENT # **P40617**

1. Corporation Name

INTERNATIONAL TRANSIT, INC.

Principal Place of Business

**750 WEST THIRD ST.
CINCINNATI OH 45203**

Mailing Address

**5711 RICHARD STREET
JACKSONVILLE FL 32216-5956**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1992

4. FEI Number

31-1338516

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

700 W PETE ROSE WAY

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CINCINNATI OH.

City & State

Zip

45203

Country

USA

Zip

30

Country

9. Name and Address of Current Registered Agent

**OSBURN, DEL
5711 RICHARD STREET
SUITE X 1
JACKSONVILLE FL 32216**

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

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 ☐ DELETE

NAME **CEOP
KNOCK, RICHARD**
STREET ADDRESS **700 W. PETE ROSE WAY**
CITY-ST-ZIP **CINCINNATI OH 45203**

TITLE ☒ DELETE

NAME **VP
HOWE, BRADLEY**
STREET ADDRESS **700 WEST PETE ROSE WAY**
CITY-ST-ZIP **CINCINNATI OH 45203**

TITLE ☐ DELETE

NAME **T
OSBURN, DEL**
STREET ADDRESS **5711 RICHARD ST., SUITE 4**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **VP
TEASLEY, DAVID**
STREET ADDRESS **5711 RICHARD ST, SUITE 1**
CITY-ST-ZIP **JACKSONVILLE, FL 32216-5956**

3.1 TITLE ☒ Change ☐ Addition

NAME **T
OSBURN, DEL**
STREET ADDRESS **5711 RICHARD ST, SUITE 1**
CITY-ST-ZIP **JACKSONVILLE, FL 32216-5956**

4.1 TITLE ☐ Change ☒ Addition

NAME **SEC
SMITH, T. NEAL**
STREET ADDRESS **5711 RICHARD ST, SUITE 1**
CITY-ST-ZIP **JACKSONVILLE, FL 32216-5956**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Del Osburn Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/99 (904) 737-0000

EXT 221

CR2E034 (11/98)