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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 07 1997 8:00am
Secretary of State

DOCUMENT # **P93000008217 (0)**

1. Corporation Name

TRANSPORTATION STRUCTURES, INC.

Principal Place of Business

**8614 EAST POWHATEN AVENUE
TAMPA FL 33610**

Mailing Address

**P. O. BOX 1014
TAMPA FL 33601-1014
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STANLEY, GERALD H. J
3701 LITTLE ROAD
LUTZ FL 33549**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D STANLEY, GERALD H**
STREET ADDRESS **3701 LITTLE ROAD**
CITY-STATE-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME **P STANLEY, MICHAEL K**
STREET ADDRESS **3701 LITTLE RD.**
CITY-STATE-ZIP **LUTZ FL**

TITLE ☐ DELETE

NAME **ST STANLEY, GERALD H JR.**
STREET ADDRESS **3701 LITTLE RD.**
CITY-STATE-ZIP **LUTZ FL**

TITLE ☐ DELETE

NAME **D STANLEY, KENNETH E**
STREET ADDRESS **3701 LITTLE RD.**
CITY-STATE-ZIP **LUTZ FL**

TITLE ☐ DELETE

NAME **D STANLEY, MARK A**
STREET ADDRESS **3701 LITTLE RD.**
CITY-STATE-ZIP **LUTZ FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE

CR2E034 (9/96)