

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P93000020503 (7)**

1. Corporation Name

**TRANSXCO, INC.**

50 MAY 1 11 03 AM '95

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1815 N U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

Mailing Address  
**1815 N U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

23. City & State

City & State

24

25

County

29

Zip

30

County

3. Date Incorporated or Qualified

**03/18/1993**

3a. Date of Last Report

**08/08/1994**

4. FEI Number

**59-3184734**

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**

B. This corporation has liability for intangible tax under § 199.003, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LAWSON, WILLIAM  
115 OAK LANE  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the 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, officers, or all the shareholders as registered agent. I am hereby authorized to accept the qualifications of such new registered agent as provided in the Florida Statutes.

SIGNATURE

DATE

TITLE

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

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SIGNATURE:

SIGNATURE AND TITLE OF PRIVATE COMPANY OFFICER OR DIRECTOR

*William Lawson*

4-29-95

676 1140