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

DOCUMENT # P93000072178 1. Corporation Name

TRANSCO SERVICES, INC.

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90092 028 ***150.00



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Principal Place	of Business	Mailing Addre	ess			I INNINERI LIN ININE LILL ORIII NOILI ORIII NOILI	11 18 518 118 61 11W1	18801 (811 1881
1450 NW 1ST AVE BOCA RATON FL 33432 1450 NW 1ST AVE BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 10/11/1993		
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number	Ap	plied For
21	26					65-0458100	No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				,	5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	tate City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	,
Zip	Country	Zip	Zip Country			8. This corporation owes the current year		
24	25	29	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New Registere	d Agent	
CUNNINGHAM, P. RODNEY 1450 NW 1ST AVE BOCA RATON FL 33432				81				
				83				
				84	City	F	L 85 Zip	Code
office or t	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such ch	ange was autho	rized by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	goed and title if applicable.	(NOTE: Reg	istered Ager	nt signature requir	ed when reinstating) DATE		
12.	Cignotics, types or printed at a great transfer and the cignotics of the cignotic of			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
TITLE			1.1 TITLE		=	☐ Change	☐ Addition	
NAME				1.2 NAME		•		
1				1.3 STREET	ADDRESS .			+
CITY-ST-ZIP	BOCA RATON FL 33432				T-ZIP			}
TITLE				2.1 TITLE	, _,		☐ Change	Addition
NAME	2.2 N			2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS -	فيصده فالمعارض المراجعين المجاريين	_	
CITY-ST-ZIP	* · ·			2. 4 CITY-S	ST-ZIP	<u></u>		
TITLE		<u> </u>	DELETE	3.1 TITLE			☐ Change	☐ Addition
				2 O AIABAE				ì

3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of the corporation of the corporation of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation of the section of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation of the section of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the

SIGNATURE:

P. Rodney Cunningham

3-18-99 561-368-8333