FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010018 (7)**

1. Corporation Name

THE TRANSITION TEAM, INC.

Principal Place of Business	Mailing Address
19321 U.S. 19 NORTH SUITE 405 CLEARWATER FL 34624	19321 U.S. 19 NORTH SUITE 405 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3224567 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) / Zip (29) County (30)
8. This corporation has liability for chargeable tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PLETCHER, CHARLES F
2651 MCCORMICK DR.
SUITE 108
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: CHARLES F. PLETCHER
82 Street Address (P.O. Box Number is Not Acceptable): 19321 U.S. 19 N.
83: SUITE 405
84 City: CLEARWATER **FL** 85 Zip Code: 34624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE	C/D	☒ Change ☐ Addition
NAME	PLETCHER, CHARLES F	12 NAME	PLETCHER, CHARLES F	
STREET ADDRESS	2401 FOX CHASE BLVD.	13 STREET ADDRESS	19321 U.S. 19 N., STE. 405	
CITY-ST-ZIP	TROY MI 48098	14 CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE		21 TITLE	P	☐ Change ☒ Addition
NAME		22 NAME	SAMUEL N. RAY	
STREET ADDRESS		23 STREET ADDRESS	24260 BLACKSTONE	
CITY-ST-ZIP		24 CITY-ST-ZIP	OAK PARK, MI 48237	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	ALAN D. JOHNSON	
STREET ADDRESS		33 STREET ADDRESS	15 DEERPATH DR.	
CITY-ST-ZIP		34 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		41 TITLE	S	☐ Change ☒ Addition
NAME		42 NAME	GRAHAM S. SMITH	
STREET ADDRESS		43 STREET ADDRESS	2874 TALL OAKS CT., APT. L3	
CITY-ST-ZIP		44 CITY-ST-ZIP	AUBURN HILLS, MI 48326	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alan D. Johnson ALAN D. JOHNSON 4/20/95 (813)524-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP