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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90226 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010018

1. Corporation Name
THE TRANSITION TEAM, INC.

Principal Place of Business

1600 GULF BLVD.
#418
CLEARWATER FL 34630
US

Mailing Address

1600 GULF BLVD.
#418
CLEARWATER FL 34630
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

2. Principal Place of Business

21 19321 U.S. 19 NORTH

Suite, Apt. #, etc.

22 SUITE 405

City & State

23 CLEARWATER FL

Zip

24 33764

Country

25

2a. Mailing Address

26 19321 U.S. 19 NORTH

Suite, Apt. #, etc.

27 SUITE 405

City & State

28 CLEARWATER FL

Zip

29 33764

Country

30

4. FEI Number

59-3224567

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

9. Name and Address of Current Registered Agent

PLETCHER, CHARLES F
1600 GULF BLVD.
#418
CLEARWATER FL 34630

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 CD
NAME PLETCHER, CHARLES F
STREET ADDRESS 1600 GULF BLVD., #418
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE P
NAME TRUZA, DONALD R
STREET ADDRESS 12126 BUTTERNUT CIR
CITY-ST-ZIP KNOXVILLE TN 37922

☐ DELETE

TITLE S
NAME CASESA, PHILIP A
STREET ADDRESS 4832 GREEN CROFT RD
CITY-ST-ZIP SARASOTA FL 34235

☐ DELETE

TITLE T
NAME JOHNSON, ALAN D
STREET ADDRESS 9079 MARY ANN AVE.
CITY-ST-ZIP SHELBY TWP MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE PD
2.2 NAME TRUZA, DONALD R
2.3 STREET ADDRESS 12126 BUTTERNUT CIRCLE
2.4 CITY-ST-ZIP KNOXVILLE, TN 37922

☒ Change ☐ Addition

3.1 TITLE AS
3.2 NAME CASESA, PHILIP A
3.3 STREET ADDRESS 4832 GREEN CROFT RD.
3.4 CITY-ST-ZIP SARASOTA, FL 34235

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE EVP
5.2 NAME RAY, SAMUEL N.
5.3 STREET ADDRESS 24260 BLACKSTONE
5.4 CITY-ST-ZIP OAK PARK, MI 48237

☐ Change ☒ Addition

6.1 TITLE S
6.2 NAME ROBERTA TRUZA
6.3 STREET ADDRESS 12126 BUTTERNUT CIRCLE
6.4 CITY-ST-ZIP KNOXVILLE, TN 37922

☐ Change ☒ Addition

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:

ALAN D. JOHNSON
TREASURER

4/26/99 (248) 649-1363

CR2E034 (11/98)