

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90012 029 ***550.00

DOCUMENT # **P94000037006**

1. Corporation Name

TOTAL TRANSPORTATION AND DESTINATION, INC.



Principal Place of Business

7315 LUAU DRIVE
ORLANDO FL 32822

Mailing Address

7315 LUAU DRIVE
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

59-3247190

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **7315 Luan Drive**

Suite, Apt. #, etc.

2a. Mailing Address

26 **13002 Brookfield Circle**

Suite, Apt. #, etc.

City & State

23 **Orlando, FL**

Zip

24 **32822**

Country

25 **Orange**

City & State

28 **Orlando FL**

Zip

29 **32837**

Country

30 **Orange**

9. Name and Address of Current Registered Agent

MEYERS, SYLVIA
7315 LUAU DRIVE
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

Sylvia M. Meyers

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

13002 Brookfield Circle

83

84 City

Orlando

FL

85 Zip Code

32837

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

8/20/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MEYERS, SYLVIA**
STREET ADDRESS **7315 LUAU DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☒ DELETE

NAME **MEYERS, GERALD**
STREET ADDRESS **7315 LUAU DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☒ DELETE

NAME **MEYERS, KIM S.**
STREET ADDRESS **7315 LUAU DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **13002 Brookfield Circle**
1.4 CITY-ST-ZIP **Orlando, FL. 32837**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address.

SIGNATURE

Sylvia M. Meyers

8/20/99

Date

407-240-1777

Daytime Phone #

CR2E034 (5/99)

0017609