FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000047884 (9) DOCUMENT #

TRANSPORTATION MARKETING, INC.

Principal Place of Business Mailing Address 42144 CHERRY AVE 42144 CHERRY AVE **DELAND FL 32720** DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3250799 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PALMER, HUGH M 807 \$ ORLANDO AVE Street Address (P.O. Box Number is Not Acceptable) SUITE H **B3** WINTER PARK FL 32789 84 Zip Code City 85 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 other florida Statutes.

SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when re-instating) Signature, typed or pented name of registered agent and the if suplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ 1.1 TITLE Change Addition LAKE, TIM NAME 1.2 NAME CR2E034 **42144 CHERRY AVE** 1,3 STREET ADDRESS STREET ADDRESS **DELAND FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELE16 Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change ■ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 4 1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2IP DELETE Change Addition 6.1 TITLE TITLE 2000025168**7**2 -05/08/98--01051--004 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00

14. Thereby 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 11 201.90

6.4 C(1Y-ST-ZIP