

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

APPROVED
AND
FILED

97 OCT 15 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049903
1. Corporation Name

T.O. Transportation, Inc.

- Amended Annual report -

Principal Place of Business 1936 Southhampton Rd. Jacksonville, FL 32207	Mailing Address P.O. Box 10369 Jacksonville, FL 32247
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 7/1/94	3a. Date of Last Report 5/2/97
		4. FEI Number 59-3250344	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Tim A. Oden P.O. Box 1209 3340 Laughlin Rd. Zellwood, FL 32798	10. Name and Address of New Registered Agent 81 Name George Mahler 82 Street Address (P.O. Box Number is Not Acceptable) 6111 Fordham Circle, N 83 84 City Jacksonville, FL 85 Zip Code 32213
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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 **George Mahler** (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Tim A. Oden 3340 Laughlin Rd. Zellwood, FL 32798 ☒ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D George Mahler 6111 Fordham Circle, N Jacksonville, FL 32213 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Teri Oden 3340 Laughlin Rd. Zellwood, FL 32798 ☒ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Jones ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300002320933--8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 or changed, or an attachment with an address

SIGNATURE: **George Mahler** 10-13-97 404393 9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)



THE UNITED STATES
CORPORATION
COMPANY

RECEIVED

97 OCT 15 AM 11:26

DIVISION OF CORPORATION

ACCOUNT NO. :

072150000032

REFERENCE :

565421

9585A

AUTHORIZATION :

COST LIMIT :

\$ 61.25

Patricia Pignatelli

ORDER DATE : October 15, 1997

ORDER TIME : 10:18 AM

ORDER NO. : 565421-005

CUSTOMER NO: 9585A

CUSTOMER: Archie O. Lowry, Jr., Esq
Potter Clement And Lowry
308 East Fifth Avenue

Mount Dora, FL 32757

ANNUAL REPORT FILING

NAME: T.O. TRANSPORTATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

A. Alar
10/15/97