

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0006152

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 27 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000049903 (5)

1. Corporation Name

T.O. TRANSPORTATION, INC.

Principal Place of Business

1936 SOUTHAMPTON ROAD
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 47983
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-3250344

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

MAHLER, GEORGE
6111 FORDHAM CIRCLE N.
JACKSONVILLE FL 32213

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 PSTD ☒ DELETE

NAME MAHLER, GEORGE
STREET ADDRESS 6111 FORDHAM CIRCLE, N.
CITY-ST-ZIP JACKSONVILLE FL 32213

TITLE D ☒ DELETE

NAME JONES, CHARLES
STREET ADDRESS 3340 LAUGHLIN RD.
CITY-ST-ZIP ZELLWOOD FL 32798

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 A.R. Williamson ☒ Change ☐ Addition

1.2 NAME PRES. ☒ Change ☐ Addition

1.3 STREET ADDRESS P.O. Box 47983, N/A

1.4 CITY-ST-ZIP Jax, Fla 32247 ☒ Change ☐ Addition

2.1 TITLE Secy, Treas. ☒ Change ☐ Addition

2.2 NAME Charles Jones ☒ Change ☐ Addition

2.3 STREET ADDRESS 10961 Reading Rd

2.4 CITY-ST-ZIP Jax, Fla 32257 ☐ Change ☐ Addition

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 *[Signature]*

CR2E034 (5/98)