03301999-90034-021-$150.00-$150.00

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90034 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P94000049903

1. Corporation Name
T.O. TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
1936 SOUTHAMPTON ROAD JACKSONVILLE FL 32207	P.O. BOX 47983 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10961 READING ROAD	2a. Mailing Address 26 PO Box 47983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE FL
Zip / Country 24 32257 25	Zip / Country 29 32247 30

3. Date Incorporated or Qualifed: 07/01/1994
4. FEI Number: 59-3495564 ☐ Applied For ☐ Not Applicable
5. Certifcate 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

MAHLER, GEORGE
6111 FORDHAM CIRLCE N.
JACKSONVILLE FL 32213

10. Name and Address of New Registered Agent

81 Name ~~[illegible]~~ RICHARD JACOBS
82 Street Address (P.O. Box Number is Not Acceptable) ~~[illegible]~~ 6034 CHASTER AVE #107
83 32217
84 City ~~[illegible]~~ JACKSONVILLE FL 85 Zip Code 32205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP WILLIAMSON, A.R. P.O. BOX 47983, N/A JACKSONVILLE FL 32247	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Charles Joneses PVP/ST ☒ Change ☐ Addition 10961 Reading Rd Jacksonville, Fl 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JONESES, CHARLES 10961 READING ROAD JACKSONVILLE FL 32257	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: [illegible] REQUIRED 3-25-99 904-631-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #