

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000053218 (1)

1. Corporation Name

TRANSPORTATION SOURCE, INC.

Principal Place of Business

1714 CESERY BLVD.
JACKSONVILLE FL 32211

Mailing Address

1714 CESERY BLVD.
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/15/1994

4. FEI Number

59-3257623

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

25 P/O Box 11656

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

28 JACKSONVILLE, FL

23 Zip

Country

29 Zip

Country

29 32239

30 DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. This corporation is a corporation

☐

\$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

10. Name and Address of New Registered Agent

DUKES, JEANNE
1714 CESERY BLVD.
JACKSONVILLE FL 32211

81 Name

FRANK WALTERS

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

1503 CHERRY STREET

83

84 City

JACKSONVILLE

FL

85 Zip Code
32204

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 607.1501, Florida Statutes.

SIGNATURE

Frank Walters

04-02-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

12.1 NAME	DPT DUKES, JEANNE
12.2 STREET ADDRESS	1714 CESERY BLVD.
12.3 CITY & STATE	JACKSONVILLE FL 32211
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY & STATE	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13.1 NAME	DPT	☒ Change ☐ Addition
13.2 NAME	IRENE HILDRETH	
13.3 STREET ADDRESS	1714 CESERY BLVD.	
13.4 CITY & STATE	JACKSONVILLE, FL. 32211	☐ Change ☐ Addition
13.5 NAME		
13.6 STREET ADDRESS		
13.7 CITY & STATE		☐ Change ☐ Addition
13.8 NAME		
13.9 STREET ADDRESS		
13.10 CITY & STATE		☐ Change ☐ Addition
13.11 NAME		
13.12 STREET ADDRESS		
13.13 CITY & STATE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY & STATE		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Irene Hildreth
IRENE HILDRETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/95

904-743-5688