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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063726

TRANSPORTATION CONSULTING SERVICES, INC.

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90040 020 ***150.00



Principal Place of Business Mailing Address								
44 E C 470 P.O. BOX 2347 LAKE PANASOFFKEE_FL 33538 BUSHNELL FL 33513							18118 BIL 88 (()),	; 19616 1918 6 [1 1 46]
						DO NOT WRITE IN	140 00 40-	_
						3. Date Incorporated or Qualified	HIS SPACE	
2. Principa	If Place of Business	2a Mailing Add				08/25/1994		
21	Za. Ivialiliu Address					4. FEI Number		Applied For
Suite, Apt. #, etc.			ote			<u>65-05</u> 24496	<u> </u>	Not Applicable
22		Suite, Apt. #, etc.				E Continue (Continue	\$8.7	75 Additional
City & State						5. Certificate of Status Desired		e Required
23	23 28					6. Election Campaign Financing		
Zip	p Country Zip					Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25			untry	'	This corporation owes the current year Intangible		
9. Name and Address of Current Registered Agent			30			Personal Property Tax.		
		Hogistered Agent		-		10. Name and Address of New Registere	d Agent	
MC	ONTGOMERY, BILLY J			81	Name		<u></u>	
1199 COUNTY RD 416, N				82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
LAKE PANASOFFKEE FL 33538			<u> </u>			(1.0. Box Number is Not Acceptable)		
				83				
				84	City	<u> </u>		
11 Pursuan	t to the provisions of Santian Con-			1 1		=	85 Zi	ip Code
office or	registered agent, or both, in the State of	and 607.1508, Florida Statut	es, the a	bove	named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	<u> </u>	
		ns of, Section 607.0505, Flo	utnorizec rida Stati	l by t utes.	he corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ir changing i Dintment as	its registered registered
SIGNATURE]
12,	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered	Agent	signature require	d when reinstating)		_
TITLE	OFFICERS AND I	DIRECTORS	13.					
NAME	1	☐ DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS	MONTGOMERY, BILLY J		1.2 NA	ME	ł		☐ Change	Addition
	1100 0001111 110 410, 14		1.3 STF	REETA	DDRESS			}
CITY-ST-ZIP TITLE	LAKE PANASOFFKEE FL 33538		1.4 CIT					ł
		☐ DELETE	2.1 TITL					
NAME			2.2 NAA	/F	ł		Change	Addition
STREET ADDRESS					DORESS			ţ
CITY-ST-ZIP			2.4 CIT		1			j
TITLE		☐ DELETE	3.1 777		SIP			
AME			3.2 NAM				☐ Change	☐ Addition
TREET ADDRESS								1
STY-ST-ZIP			3.3 STRE		l l			[
ITLE		☐ DELETE	3.4. CITY 4.1 TITLE		IP			j
AME			1		[Change	☐ Addition
TREET ADDRESS			4. 2 NAM		ĺ			
ITY-ST-ZIP			4.3 STRE	ET ADI	DRESS			1
TLE		☐ DELETE	4.4 CITY-		<u>`</u>			ļ
AME			5.1 TITLE]		Change	Addition
REET ADDRESS		1	5.2 NAME					
TY-ST-ZIP			5.3 STREE					
1.E		☐ DELETE	5.4 CITY-5	_				
ME		LJ DELEIE	6.1 TITLE				Change	☐ Addition
REET ADDRESS			6.2 NAME		1			
Y-ST-ZIP			6.3 STREE	TADDI	RESS			
	tify that the information supplied with this	filing door and the	6.4 CITY-S	T-ZIP				1

indicated on this annual report or 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 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

IGNATURE

352-568-8333