

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:11

DOCUMENT # **P94000076755 (5)**

1. Corporate Name

INTERNATIONAL TRAFFIC CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**300 CYPRESS CREEK CIR
OLDSMAR FL 34677**

Mailing Address

**300 CYPRESS CREEK CIR
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

NA

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3274938

Applied For

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. Zip

25. Locality

29. Zip

30. Locality

8. This corporation has liability for intangible tax under § 199 U.S.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**VINSON, WILLIAM L
110 S LEVIS AVE
TARPON SPRINGS FL 34688**

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 of Agent or Registered Agent or Registered Agent or Registered Agent)

(Signature of Agent or Registered Agent or Registered Agent or Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. TITLE

D

102. NAME

SCHMIDT, HEIDI

103. STREET ADDRESS

300 CYPRESS CREEK CIR

104. CITY, ST, ZIP

OLDSMAR FL 34677

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(3)(b) Florida Statutes. I further certify that the information submitted has the annual report or supplementary annual report as 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 registered agent empowered to execute this report as required by Chapter 197, Florida Statutes. And that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Heidi S. Schmidt
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heidi S. Schmidt, President 4/28/95

813 789-6340