FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000001989 (9)

1. Corporation Name

TRANSERVICES, INC.

Principal Place of Business
5500 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

Mailing Address
5500 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 402 S. Ellis Road
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32254
25: Country: Duval USA

2a. Mailing Address
26: PO Box 41336
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32203
30: Country: USA

4. FEI Number: 59-3286925 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANASTASE, STEVEN M
1292 HOLLYWOOD AVENUE
JACKSONVILLE FL 32205

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] Steven M. Anastase — DATE: 8/1/96

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ANASTASE, STEVEN M	
STREET ADDRESS	1292 HOLLYWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	☐ DELETE
NAME	BRITT, HENRY F	
STREET ADDRESS	953 JONES ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	☐ DELETE
NAME	PETTY, TIMOTHY L	
STREET ADDRESS	1035 HALSEMA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	☐ DELETE
NAME	THOMAS, DAVID A	
STREET ADDRESS	2064 CORNELL ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] — 8/1/96 — (904)695-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steven M. Anastase, Director