

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 # P95000056462 (1)

1. Corporation Name

TOTAL AUTO TRANSPORT, INC.



Principal Place of Business

10653 REGENCY STREET
ORLANDO FL 32825

Mailing Address

10653 REGENCY STREET
ORLANDO FL 32825

2. Principal Place of Business

21 10653 REGENCY ST

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32825

Country

25 ORANGE

2a. Mailing Address

26 P.O. Box 677426

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32867

Country

30 ORANGE

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

1st Report

4. FEI Number

59-3327120

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

WEST, SHAWN
10653 REGENCY STREET
ORLANDO FL 32825

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P SHAWN WEST ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10653 REGENCY ST
1.4 CITY-ST-ZIP ORLANDO FL 32825

2.1 TITLE V BETTY WEST ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10653 REGENCY ST
2.4 CITY-ST-ZIP ORLANDO FL 32825

3.1 TITLE T, S FLOYD WEST ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 10653 REGENCY ST
3.4 CITY-ST-ZIP ORLANDO FL 32825

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD WEST 4/19/96 407-381-1681

CR2E034 (12/95)