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 # P95000065548 (6)

NOTE: CHANGE OF NAME ONLY TRANSPORTEL INC

1. Corporation Name

~~AUTO-TEL, INC.~~ N/C 1-22-96 MEB
TRANSPORTEL, INC.

Principal Place of Business	Mailing Address
33920 U.S. HIGHWAY 19 NORTH SUITE 390 PALM HARBOR FL 34684	33920 U.S. HIGHWAY 19 NORTH SUITE 390 PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 08/24/1995

3a. Date of Last Report:

4. FEI Number: OK 59-3334705 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NASH, THOMAS C II
400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMS, MONTE C 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, ROBERT G 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JACK 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, BRADLEY B 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001837091 -05/23/96--01056--003 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, PHILLIP J 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIEGMAN, JAMES JOHN 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TREAS. & DIRECTOR ☐ Change ☒ Addition ROGER TURRELL SAME ADDRESS 5-1-96 MEB

CR2E034 (12/95)

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] T. D. 4/24/96 (813) 784-2782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROGER TURRELL

600085