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Secretary of State

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067566

TRANSPORTATION SERVICES CONSULTING, INC.

Mailing Address Principal Place of Business 1923 SOUTH CREEK BOULEVARD 1923 SOUTH CREEK BOULEVARD DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>08/31/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3333442 Not Applicable 21 26 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year Intangible
Personal Property Tax
Yes Zip Country Zip Country □No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BOLT, SPENCE & HALL, P.A. Street Address (P.O. Box Number is Not Acceptable) 221 N CAUSEWAY **NEW SMYRNA BEACH FL 32169 B4** 32124 tona 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statetes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes. March 15, 1999 SIGNATURE stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 1.1 TITLE TITLE **PSTD** 1.2 NAME KOHLER, CHARLES A NAME 1.3 STREET ADDRESS 1923 SOUTH CREEK BOULEVARD STREET ADDRESS DAYTONA BEACH FL 32124 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition - Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY+ST-ZIP DELETE ☐ Change Addition 4.1 TITLE

CITY-ST-ZIP 14. I hereby certify that the information 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 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 or an attachment with an appears, with all other time empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)

☐ Addition

Addition

☐ Change

Change