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FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000095009 (3)

1. Corporation Name
TRANSMISSION CORE SERVICES, INC.



Principal Place of Business
1420 SOUTH FIRST STREET
LAKE CITY FL 32025

Mailing Address
1420 SOUTH FIRST STREET
LAKE CITY FL 32025-5750

3. Date Incorporated or Qualified
12/12/1995

3a. Date of Last Report
02/27/1996

2. Principal Place of Business
21 Route 18 Box 410
Suite, Apt. #, etc.

2a. Mailing Address
26 Route 18 Box 410
Suite, Apt. #, etc.

4. FEI Number
59-3347710

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

22 City & State
Lake City FL

27 City & State
Lake City FL

24 Zip
32055

29 Zip
32055

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name James H. Durden
82 Street Address (P.O. Box Number is Not Acceptable)
Route 18 Box 410
83
84 City Lake City FL 85 Zip Code 32055

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 James H Durden President James H Durden 3-25-97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when first listing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DURDEN, JAMES HENRY	RT 19 BOX 1295 LAKE CITY FL		<input type="checkbox"/>
ST	DURDEN, PATRICIA	RT 19 BOX 1295 LAKE CITY FL		<input type="checkbox"/>
VP	MCHENRY, DAVID D	PO BOX 366 N/A JENNINGS FL 32053		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 on an attachment with an address.

SIGNATURE James H Durden 3-7-97 904-758-6747

CR2E034 (9/96)