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Feb 18 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 # P96000076237 (2)

1. Corporation Name
INTERSTATE TRAFFIC SYSTEMS, INC.



Principal Place of Business
2650 N.W. 52ND COURT
CHIEFLAND FL 32626

Mailing Address
2650 N.W. 52ND COURT
CHIEFLAND FL 32626-7210

3. Date Incorporated or Qualified 09/12/1996
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3399395
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOND, WILLIAM T JR.
2650 N.W. 52ND COURT
CHIEFLAND FL 32626

81 Name DIANA M. HAMMOND
82 Street Address (P.O. Box Number is Not Acceptable) 2650 N.W. 52ND. COURT
83
84 City CHIEFLAND FL 85 Zip Code 32626

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 Diana M. Hammond Diana M. Hammond 2/11/97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIANA M. HAMMOND	
1.3 STREET ADDRESS	2650 NW 52ND. COURT	
1.4 CITY-ST-ZIP	CHIEFLAND FL 32626	
2.1 TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM T. HAMMOND JR.	
2.3 STREET ADDRESS	2650 NW 52ND COURT	
2.4 CITY-ST-ZIP	CHIEFLAND FL 32626	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANET A. HAMMOND	
3.3 STREET ADDRESS	2650 NW 52ND. COURT	
3.4 CITY-ST-ZIP	CHIEFLAND FL 32626	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Diana M. Hammond Diana M. Hammond 2/11/97 (352) 493-0800
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)