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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078531 (6)

TERRY AND MAUREEN TRANSPORTATION, INC.

## FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1146 HACKBERRY DRIVE 1146 HACKBERRY DRIVE ORLANDO FL 32825 ORLANDO FL 32825 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3408685 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROBINSON, GLORIA J 1405 W FAIRBANKS AVE STE A WINTER PARK FL 32789 83 84 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 fampliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TIT1 F 11 TITLE NAME GIMENEZ, TERRY A 1.2 NAME 1148 HACKBERRY DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GIMENEZ, MAUREEN E NAME 2.2 NAME 1146 HACKBERRY DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 sharped, or on an attachment with an address.

SIGNATURE:

aurein E.

April 29, 1998

(401) 648-6502