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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90120 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023063

1. Corporation Name

TRANSIT MASTERS, INC.

Principal Place of Business

2453 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809

Mailing Address

2453 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3435774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1477 W. GORE ST

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32805

Country

25 USA

2a. Mailing Address

26 SAME AS 2.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LATIMER, DUANE
1950 COVE COLONY RD
SUITE 1500
MAITLAND FL 32751

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

Duane Latimer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
TATE, WILLIAM A
STREET ADDRESS
2931 SUMMERFIELD ROAD
CITY-ST-ZIP
WINTER PARK FL 32792

TITLE ☐ DELETE

NAME
D
TATE, HELEN B
STREET ADDRESS
2931 SUMMERFIELD ROAD
CITY-ST-ZIP
WINTER PARK FL 32792

TITLE ☐ DELETE

NAME
D
TATE, JOHN A
STREET ADDRESS
11505 OSPREY PT BLVD
CITY-ST-ZIP
CLERMONT FL 32835

TITLE ☐ DELETE

NAME
D
SULLIVAN, SANDRA W
STREET ADDRESS
1511 VIA TUSCANY
CITY-ST-ZIP
ORLANDO FL 32817

TITLE ☐ DELETE

NAME
D
LATIMER, DUANE A
STREET ADDRESS
1950 COVE COLONY RD
CITY-ST-ZIP
MAITLAND FL 32751

TITLE ☐ DELETE

NAME
D
DECKER, SHARON L
STREET ADDRESS
212 ROBIN LEE ROAD
CITY-ST-ZIP
ORLANDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Duane Latimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 407-851-5122

Date

Daytime Phone #

CR2E034 (11/98)