

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 028 ***150.00

DOCUMENT # P97000095489

1. Corporation Name

INTRANSIT TAMPA, INC.



Principal Place of Business

5200 SEMINOLE BLVD SUITE E
ST. PETERSBURG FL 33708

Mailing Address

5200 SEMINOLE BLVD SUITE E
ST. PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3476277

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 56 B Street #2

Suite, Apt. #, etc.

22 #2

City & State

23 Madeira Beach, FL

Zip

24 33708

Country

25 USA

2a. Mailing Address

26 P.O. Box 86216

Suite, Apt. #, etc.

27

City & State

28 Madeira Beach, FL

Zip

29 33738

Country

30 USA

9. Name and Address of Current Registered Agent

SHEFF, TYLER
6350-104TH STREET NORTH
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

Tyler Sheff

82 Street Address (P.O. Box Number is Not Acceptable)

56 B Street #2

83

84 City

Madiera Beach

FL

85 Zip Code

33708

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHEFF, TYLER
STREET ADDRESS 6350-104TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME PST
STREET ADDRESS SHEFF, TYLER
CITY-ST-ZIP 5200 SEM BLVD, SUITE E
SEMINOLE FL 33708

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D Sheff, Tyler B.
1.3 STREET ADDRESS 56 B Street #2
1.4 CITY-ST-ZIP Madeira Beach, FL 33708

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PST
2.3 STREET ADDRESS Sheff, Tyler
2.4 CITY-ST-ZIP 56 B Street #2
Madiera Beach, FL 33708

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Harlan Burch, Harlan
3.3 STREET ADDRESS 11000 62nd Ave N #30YA
3.4 CITY-ST-ZIP Seminole, FL 33772

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/99 727-394-1300

CR2E034 (11/98)

0424678