

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000103882

1. Entity Name

TRANS SOUTHERN INDUSTRIES, INC.



Principal Place of Business

500 E. UNIVERSITY AVE. STE. A
GAINESVILLE, FL 32601

Mailing Address

PO BOX 2759
GAINESVILLE, FL 32602

FILED
04 APR 23 AM 9 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LASH, ROBERT A ESQ
500 E. UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

900035793249
05/10/04--01018--004 **500.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHANNON, MICHAEL D
STREET ADDRESS 3921 NW 97 BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE S
NAME SHANNON, MICHAEL D
STREET ADDRESS 3921 NW 97 BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE C
NAME SHANNON, MICHAEL D
STREET ADDRESS 3921 NW 97 BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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 #

Michael D. Shannon 4-8-04 352-258-3895