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PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
TRANSPORTATION E



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

S96815 (3)TRANSPORTATION ENGINEERING, INC. Principal Place of Business Mailing Address 385 WHOOPING LOOP 385 WHOOPING LOOP STE 1303 STE 1303 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32701 3. Date Incorporated or Qualified 11/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3094436 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional T 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zìo Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NUNEZ, ANDRES E. JR 12003 MIDDLEBURY DR Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33626 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change 1 Addition NUNEZ, ANDRES E JR. NAME 1.2 NAME 12003 MIDDLEBURY DR STREET ADDRESS 1.3 STREET ADDRESS 3*3*626 TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE **VPSD** DELETE 2.1 TITLE Addition GWYNN, DAVID W JR. NAME 2.2 NAME 627 FOX HUNT CIRCLE STREET ADDRESS 2.3 STREET ADDRESS *3275*0 LONGWOOD FL CITY-ST-ZIE 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TATLE __ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 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 6.2 NAME STREET ADDRESS 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 chapted, or or an attachment with an address.

* David W. Gwann Jr.

SIGNATURE:

1/27/98 407-331-6011

FILED

Feb 02 1998 8:00am

Secretary of State