

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:27

DOCUMENT # **V08459** (2)
1. Corporation Name
TRANSPORTATION MANAGEMENT SOLUTIONS, INC.

Principal Place of Business Mailing Address
**4307 W NO 'A' STR
STE J
TAMPA FL 33609-2140
US**
**4307 W NO 'A' STR
STE J
TAMPA FL 33609-2140
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-3106392** 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 has liability for intangible tax under ss. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **2311 W. Morrison Ave.** 26 **2311 W. Morrison Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Unit 8** 27 **Unit 8**
City & State City & State
23 **Tampa, FL** 28 **Tampa, FL**
Zip Zip
24 **33629** 25 **Hills.** 29 **33629** 30 **Hills.**

9. Name and Address of Current Registered Agent

**WILLIAMS, RENEE A
4307 W NO 'A' STR
STE J
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2311 W. Morrison Ave.
83 **Unit 8**
84 City
Tampa
85 Zip Code
FL 33629

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

Renee Williams

Renee Williams

4/25/95

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

(NOTE: Registered Agent Signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	WILLIAMS, RENEE A	4307-J W NO 'A' STR	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		2311 W. Morrison Ave. #8	Tampa, FL 33629	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
				☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Renee Williams

Renee Williams

4/25/95

813-274-8005

(Signature and typed or printed name of signing officer or director)

(Date)

(Typed Phone #)