

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2: 12

DOCUMENT # **V55476** (8)
1. Corporation Name
DIVERSIFIED TRAFFIC MANAGEMENT, INCORPORATED

Principal Place of Business Mailing Address
3501 SAND DOLLAR CT. **P.O. BOX 3121**
ST. AUGUSTINE FL 32095 **ST. AUGUSTINE FL 32085-3121**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1992** 3a. Date of Last Report **08/11/1994**
4. FEI Number **59-3134206** Applied For ☐
Not Applicable ☐
5. Certificate of Status Due ☐ **\$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 S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FARGUHARSON, DEBRA~~
3501 SAND DOLLAR CT.
ST. AUGUSTINE FL 32095

81 Name **EVERETT B. DILLAHAY**
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

[Signature]
Signature (typed or printed name of registrant) and title of corporation

DATE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD, P.T.**
NAME **DILLAHAY, EVERETT B.**
STREET ADDRESS **3501 SAND DOLLAR CT.**
CITY- ST- ZIP **ST. AUGUSTINE FL**
TITLE ~~PTD~~
NAME ~~FARGUHARSON, DEBRA~~
STREET ADDRESS ~~3501 SAND DOLLAR CT.~~
CITY- ST- ZIP ~~ST. AUGUSTINE FL~~
TITLE
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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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Signature (typed or printed name of registrant)

1-31-95 904-829-0902