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

DOCUMENT # V55476

1. Corporation Name

City & State

23

24

TITLE

STREET ADDRESS

Zip

DIVERSIFIED TRAFFIC MANAGEMENT, INCORPORATED

| DIVERSIFIED THAT TO MARK | AGEMENT, INCOM CHATED | | | | |
|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | |
| 3501 SAND DOLLAR CT. ST. AUGUSTINE FL 32095 US | P.O. BOX 3121 ST. AUGUSTINE FL 32085-3121 US | DO NOT WRITE IN THIS SPACE | | | |
| | | 3. Date Incorporated or Qualified 07/31/1992 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number Applied For | | | |
| 21 | 2a. Mailing Address 26 3501 SAND DOUAN | . C-7 59-3134206 Not Applicable | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired \$8.75 Additional Fee_Required_ | | | |

9. Name and Address of Current Registered Agent

ST, HUGGEST NEFEA.

Zip 320 95 30 SE, JOHNS 8. This corporation owes the current year Intangible
Personal Property Tax. Personal Property Tax. 10. Name and Address of New Registered Agent

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

6, Election Campaign Financing Trust Fund Contribution

□ No

\$5.00 May Be

Added to Fees

May 06, 1999 8:00 am Secretary of State

05-06-1999 90259 011 ***150.00

DILLAHAY, EVERETT B 3501 SAND DOLLAR CT. ST. AUGUSTINE FL 32095

Country

Zip Code 84 City

| 11, | Pursuant to the provisions of Sections 607.0002 and 607.1006, Florida Statutes, tile a | bove-flamed colporation submits this statement for the purpose of changing its regional of |
|-----|--|--|
| | 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 utes. |
| | agent. Lam familiar with, and deposite obligations of Section 607.0505. Florida Stat | utes. |
| | | 4,50,00 |
| | | / 0- // |

83

12

DILLAMAY EVEDETT B

VSDP

(NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 13 □ D€LETE

Change

| NAME | DICEMENT, EVERETT D. | | 1.2 HOUSE | | | 1 |
|----------------|----------------------|----------|--------------------|---|----------|------------|
| STREET ADDRESS | 3501 SAND DOLLAR CT. | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 1.4 CITY-ST-ZIP | | <u></u> | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | _ Change | Addition |
| NAME | DILLAHAY, EVERETT B | | 2.2 NAME | | | |
| STREET ADDRESS | 3501/SAND DOLLAR CT. | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | ļ |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | _ Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | |) |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELĒTE | 5.1 TITLE | [| Change | ☐ Addition |
| NAME (| | | 5.2 NAME | | | į |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DEFELE | 6.1 TITLE | | Change | Addition |
| NAME | 1 | | 62 NAME | | | ľ |

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

☐ Addition