FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # **220948** **(4)**

1. Corporation Name
GULFCOAST TRANSIT COMPANY

Principal Place of Business
5405 W. CYPRESS ST. #300
P.O. BOX 22048
TAMPA FL 33607

Mailing Address
5405 W. CYPRESS ST. #300
P.O. BOX 22048
TAMPA FL 33607

3. Date Incorporated or Qualified: **03/04/1959**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21: 702 N. FRANKLIN ST
Suite, Apt. #, etc.
22: SUITE 900
City & State
23: TAMPA FL
Zip: 24: 33602 Country: 25:

2a. Mailing Address
26: 702 N. FRANKLIN ST
Suite, Apt. #, etc.
27: SUITE 900
City & State
28: TAMPA FL
Zip: 29: 33602 Country: 30:

4. FEI Number: **43-0747725** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRESNAHAN, T.M.
~~**5405 W. CYPRESS ST #300**~~
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 702 N. FRANKLIN ST
83: SUITE 900
84 City: TAMPA FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title of applicable officer (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANKIN, D.J. ~~5405 W. CYPRESS ST #300~~ ~~TAMPA FL 0~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 702 N. FRANKLIN ST SUITE 900 TAMPA FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESSEL, R.H. 702 N FRANKLIN ST TAMPA FL 0	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ELOOD, PG 5405 ~~W. CYPRESS ST #300~~ TAMPA FL 0	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition VP S. LANICO 702 N. FRANKLIN ST SUITE 900 TAMPA FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPO BRESNAHAN, T.M. (ASS'T) ~~5405 W. CYPRESS ST #300~~ ~~TAMPA FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition 702 N. FRANKLIN ST SUITE 900 TAMPA FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OAK, A.D. 702 N. FRANKLIN ST. TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition V J.C. CRANE 702 N. FRANKLIN ST SUITE 900 TAMPA FL 33602

CR2E034 (12/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Tom Bresnahan Tom Bresnahan 5-16-96 209-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #