

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 AM 7:25**

**DOCUMENT # 742156 (3)**

1. Corporation Name  
**BIG BEND TRANSIT, INC.**

Principal Place of Business Mailing Address  
**2927 ROBERTS AVE PO BOX 1721**  
**TALLAHASSEE FL 32310 TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/21/1978</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1909296</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2201 Eisenhower St.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>Tallahassee, FL</b>	City & State
23	28
Zip <b>32310</b>	Country <b>USA</b>
24	29
Country	Zip
	30

9. Name and Address of Current Registered Agent  
**WILLIAMS, F PALMER**  
**306 E.COLLEGE AVE.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
81 Name <b>Edward B. Waters</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2201 Eisenhower St.</b>	
83	
84 City <b>Tallahassee,</b>	85 Zip Code <b>FL 32310</b>

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 Edward B. Waters Edward B. Waters **03-24-95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	PERSONS, LEWIS SR.
STREET ADDRESS	4595 BARCLAY LN
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	TD
NAME	PANKASKIE, SARA
STREET ADDRESS	RT 3, BOX 2949
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	WILSON, RALPH
STREET ADDRESS	P.O. BOX 2302 N/A
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VD
NAME	PLUMER, LEE E
STREET ADDRESS	ROUTE 3 BOX 114
CITY - ST - ZIP	MONTECELLO FL
TITLE	PD
NAME	FRENCH, ANNE
STREET ADDRESS	245 SOUTHEAST SUMATRA RD
CITY - ST - ZIP	MADISON FL
TITLE	D
NAME	BROOKS, RHONDA
STREET ADDRESS	1407 WEST MAIN ST
CITY - ST - ZIP	PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Persons, Lewis Sr
1.3 STREET ADDRESS	4595 Barclay Ln
1.4 CITY - ST - ZIP	Tallahassee, FL 32308
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pankaskie, Sara
2.3 STREET ADDRESS	Rt. 3, Box 2949
2.4 CITY - ST - ZIP	Quincy, FL 32351
3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilson, Ralph
3.3 STREET ADDRESS	P.O. BOX 2392 N/A
3.4 CITY - ST - ZIP	Tallahassee, FL 32316
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Plummer, Lee E
4.3 STREET ADDRESS	Rt. 3, Box 114
4.4 CITY - ST - ZIP	Monticello, FL 32344
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	French, Anne
5.3 STREET ADDRESS	245 SE Sumatra Rd
5.4 CITY - ST - ZIP	Madison, FL 32331
6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brooks, Rhonda
6.3 STREET ADDRESS	1407 W. Main St
6.4 CITY - ST - ZIP	Perry, FL 32347

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)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph Wilson **3-22-94** **904-681-9987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Private #