## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G48560

(8)

Mailing Address

SANIBEL TRANSIT COMPANY, INC.

| FILED              |
|--------------------|
| Apr 30 1997 8:00am |
| Secretary of State |

| JAMES P ANHOLT<br>3064 POINCIANA CIRCLE<br>SANIBEL ISLAND FL 33957 |   | JAMES P ANHOLT<br>3064 POINGIANA CIRCLE<br>SANIBEL ISLAND FL 33957-5606                           |   |                                  |   |                                  |   |  |
|--|---|---|---|----------------------------------|---|----------------------------------|---|--|
|  |   |   |   |                                  | <ol> <li>Date Incorporated or Qualified<br/>07/13/1983</li> </ol>                           | 3a. Date of Last 6<br>04/26/1996 | Report                                  |  |
|  | Place of Business   | 2a. Mailing Address   |   | 4. FFI Number                    | A   | Applied For                      |   |  |
| 21   | 41  | [26]  |   |                                  | <b>59-23 15286</b> Not Applicable   |                                  |   |  |
| 21 Suite, Apt. #, etc. 22  |   | Suite, Apt. #, etc. 27  |   | 5. Certificate of Status Desired | S8.75 Additional Fee Required   |                                  |   |  |
| 23   |   | City & State  |   |                                  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees          |                                  |   |  |
| Zip<br><b>24</b>   | Country Zip Court  25 29 30   |   |   | ry                               | 8. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes |                                  |   |  |
|  | 9, Name and Address of Curre  | nt Registered Agent   |   |                                  | 10. Name and Address of New Reg   | istered Agent                    |   |  |
|  | OLT, JAMES P.   |   | 8   | 1 Name                           |   |                                  |   |  |
|  | I POINCIANA CIRCLE<br>IBEL ISLAND FL 33957  |   | 8   | 2 Street Ad                      | ddress (P.O. Box Number is Not Acceptabl  | e)                               |   |  |
|  |   |   | 8   | 3                                |   |                                  |   |  |
|  |   |   | 8   | 4 City                           |   | FL 85 Zip                        | Code                                    |  |
| 11. Pursuant<br>office or r<br>agent. I a                          | to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig    | 02 and 607.1508, Florida Statu<br>c of Florida. Such change was<br>ations of, Section 607.0505, F | tes, the abo<br>authorized<br>lorida Statut | by the corpores.                 | orporation submits this statement for the paration's board of directors. I hereby accep     |                                  | its registered<br>s registered          |  |
| SIGNATURE  |   |   |   |                                  |   |                                  |   |  |
| 12.  | Signature, typed or printed name of registered agent and title if applicable (NOTE Registere OFFICERS AND DIRECTORS 13. |   |   | gont signature red               | quired when revistating)  ADDITIONS/CHANGES TO OFFIC  | DATE                             | NDC IN 12                               |  |
| TITLE  | I DP  | DELETE  | 1.1 701                                     |                                  | ADDITIONA/OFFARGES TO OFFIC   | Change                           |   |  |
| NAME   | ANHOLT, JAMES P   | 1.2 N   |   |                                  |   |                                  |   |  |
| STREET ADORESS   | 3064 POINCIANA CIRCLE   |   |   | ET ADDRESS                       |   |                                  |   |  |
| CITY-ST-ZIP  | CANIDEL EL COCCO  |   | 1.4 CH Y                                    |                                  |   |                                  |   |  |
| TITLE  | VD DELETE 2.17  |   | 2.1 TITL                                    |                                  |   | ☐ Change                         | Addition                                |  |
| NAME   | ANHOLT, RUTH E.   |   | 2.2 NAME                                    |                                  |   |                                  |   |  |
| STREET ADDRESS   | 3064 POINCIANA CIRCLE   |   | 2.3 S1RE                                    | E1 ADDRESS                       |   |                                  |   |  |
| CITY-ST-ZIP  | SANIBEL FL  |   | 2, 4 0111                                   | '- \$1 - 21P                     |   |                                  |   |  |
| TITLE  | ☐ DELETE 311  |   | 3 1 7(1)                                    |                                  |   | Change                           | Addition                                |  |
| NAME   |   |   | 3.2 NAM                                     | E.                               |   |                                  |   |  |
| STREET ADDRESS   |   |   | 3.3 \$166                                   | F1 ADDRESS                       |   |                                  |   |  |
| CITY-ST-ZIP  |   | F 65:472  |   | -S1-ZIP                          |   | ······                           | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |
| TITLE  | ĺ   | ☐ DELETE  | 4.1 TITL                                    |                                  |   | L Change                         | Addition                                |  |
| NAME   |   |   | 4. 2 NAN                                    |                                  |   |                                  |   |  |
| STREET ADDRESS   |   |   |   | ET ADDRESS                       |   |                                  |   |  |
| CITY-ST-ZIP<br>TITLE   |   | DELETE  | 4.4 CITY<br>5.1 TITU                        |                                  |   | Change                           | Addition                                |  |
| NAME   |   | L_J OLULE   |   |                                  |   | change                           | ☐ Wodinoll                              |  |
| STREET ADDRESS   |   |   | 5.2 NAM                                     |                                  |   |                                  |   |  |
| CITY-ST-ZIP  |   |   |   | ET ADDRESS                       |   |                                  |   |  |
| TITLE  |   | DELETE  | 6.1 TITU                                    | -\$1-ZIP                         |   | Change                           | Addition                                |  |
| NAME   |   |   | 6.2 NAM                                     |                                  |   | Sharigo                          | Empl Fiedmillott                        |  |
| STREET ADDRESS   |   |   |   | E1 ADDRESS                       |   |                                  |   |  |
| CITY-ST-ZIP  |   |   | 6.4 CHY                                     |                                  |   |                                  |   |  |
|  | by cartify that the information supplies  | al analysis along the same  | 0.4 (11)                                    | -91-2IF                          | lad in Castian 440 07(0)(1) Finding Cast 4-   | 16 11 116 11                     |   |  |

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.

CONTRACTOR OF THE PARTY OF THE