

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

DOCUMENT # **J58810** (9)

1. Corporation Name

BONUS TRANSPORTATION, INC.



Principal Place of Business: 135 S HERMIT SMITH RD PLYMOUTH 32768 P. O. BOX 1613 APOPKA FL 32704-8613
Mailing Address: 135 S HERMIT SMITH RD PLYMOUTH 32768 P. O. BOX 1613 APOPKA FL 32704-8613

3. Date Incorporated or Qualified: 02/23/1987
3a. Date of Last Report: 04/18/1995

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

4. FEI Number: 59-2833094 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

g. Name and Address of Current Registered Agent

**BOUGHAN, DONALD LEE
135 HERMIT SMITH ROAD
PLYMOUTH FL 32768**

10. Name and Address of New Registered Agent

81 Name
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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	BOUGHAN, DONALD LEE 2180 CAMELIA DR. LONGWOOD FL	1.1 TITLE: <input type="checkbox"/> DELETE
TITLE: ST	BOUGHAN, JAN W. 1423 MINK DR. APOPKA FL	2.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: V	WILLIAMSON, MARILYN S. 561 LAKE DOE BLVD. APOPKA FL	3.1 TITLE: <input type="checkbox"/> DELETE
TITLE:		4.1 TITLE: <input type="checkbox"/> DELETE
TITLE:		5.1 TITLE: <input type="checkbox"/> DELETE
TITLE:		6.1 TITLE: <input type="checkbox"/> DELETE

1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME:
1.3 STREET ADDRESS: 404 E. Welch Road	1.4 CITY - ST - ZIP: APOPKA, FL 32712
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
2.3 STREET ADDRESS:	2.4 CITY - ST - ZIP:
3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: VISIT
3.3 STREET ADDRESS:	3.4 CITY - ST - ZIP:
4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: William C. Boughan
4.3 STREET ADDRESS: 561 Lake Doe Blvd.	4.4 CITY - ST - ZIP: APOPKA, FL 32703
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY - ST - ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn S. Williamson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 352-735-0035
DATE TIME PHONE #

CR2E034 (12/95)