

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000069300 (0)**

1. Corporation Name
MINCEY BUS SERVICE INC.



Principal Place of Business: **318 W 19 ST. JACKSONVILLE FL 32206**
Mailing Address: **318 W 19 ST. JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified: **09/29/1993** 3a. Date of Last Report: **04/03/1995**

4. FEI Number: **32-0595958** 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

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**

g. Name and Address of Current Registered Agent

**MINCEY, ALDIE JR
318 W 19 ST.
JACKSONVILLE FL 32206**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MINCEY, ALDIE JR	
STREET ADDRESS	318 W 19 ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32206	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MINCEY, ALDO R	
STREET ADDRESS	318 W. 19 ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32206	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERTA	
STREET ADDRESS	2936 BREVE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32208	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, TEWANNA M	
STREET ADDRESS	3727 PEACHTREE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32206	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BATES, JANICE	
STREET ADDRESS	300 SILEER CREEK TRACE	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mincey, Aldo R	
13 STREET ADDRESS	318 W 19TH St	
14 CITY-STATE-ZIP	Jacksonville, FL. 32206	
21 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mincey, Aldie Jr	
23 STREET ADDRESS	318 W 19TH St	
24 CITY-STATE-ZIP	Jacksonville, Florida 32206	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mincey, Aldo R	
33 STREET ADDRESS	318 W 19TH St	
34 CITY-STATE-ZIP	Jacksonville, Florida 32206	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mincey, Aldie Jr	
43 STREET ADDRESS	318 W 19th St	
44 CITY-STATE-ZIP	Jacksonville, Florida 32206	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001917503	
53 STREET ADDRESS	-08/09/96--01021--041	
54 CITY-STATE-ZIP	***225.00	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.06(5), 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: *Aldie Mincey Jr* DIRECTOR 1-30-96

CR2E034 (12/95)