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May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32206-2702

3. Date Incorporated or Qualified: 09/29/1993  
3a. Date of Last Report: 06/08/1996

2. Principal Place of Business: 21 2306 Belvedere  
2a. Mailing Address: 26 2306 Belvedere

4. FEI Number: 32-0595958  
Applied For: Not Applicable

State, Apt. #, etc.:  
Suite, Apt. #, etc.:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23 Jacksonville, FL  
27 Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24 32208  
Country: 25 U.S.  
Zip: 29 32208  
Country: 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: Mincey, Aldie Jr  
82 Street Address (P.O. Box Number is Not Acceptable): 2306 Belvedere  
83  
84 City: Jacksonville FL  
85 Zip Code: 32208

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: VST  DELETE  
12.2 NAME: MINCEY, ALDIE JR  
12.3 STREET ADDRESS: 318 W 19 ST. JACKSONVILLE FL 32206  
12.4 CITY-ST-ZIP: JACKSONVILLE FL 32206  
12.5 TITLE: DT  DELETE  
12.6 NAME: MINCEY, ALDO R  
12.7 STREET ADDRESS: 318 W. 19 ST. JACKSONVILLE FL 32206  
12.8 CITY-ST-ZIP: JACKSONVILLE FL 32206  
12.9 TITLE:  DELETE  
12.10 NAME:  
12.11 STREET ADDRESS:  
12.12 CITY-ST-ZIP:  
12.13 TITLE:  DELETE  
12.14 NAME:  
12.15 STREET ADDRESS:  
12.16 CITY-ST-ZIP:  
12.17 TITLE:  DELETE  
12.18 NAME:  
12.19 STREET ADDRESS:  
12.20 CITY-ST-ZIP:

13.1 TITLE: VST  Change  Addition  
13.2 NAME: Mincey, Aldie Jr  
13.3 STREET ADDRESS: 2306 Belvedere  
13.4 CITY-ST-ZIP: Jacksonville, FL. 32208  
13.5 TITLE: DT  Change  Addition  
13.6 NAME: Mincey, Aldo Jr  
13.7 STREET ADDRESS: 2306 Belvedere  
13.8 CITY-ST-ZIP: Jacksonville, FL. 32208  
13.9 TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 CITY-ST-ZIP:  
13.13 TITLE:  Change  Addition  
13.14 NAME:  
13.15 STREET ADDRESS:  
13.16 CITY-ST-ZIP:  
13.17 TITLE:  Change  Addition  
13.18 NAME:  
13.19 STREET ADDRESS:  
13.20 CITY-ST-ZIP:

14. 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 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 904-766-1747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)