

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 # **477971** (6)

1. Corporation Name

VOLUSIA TRANSIT MANAGEMENT, INC.



Principal Place of Business

950 BIG TREE ROAD
DAYTONA BCH FL 32119-2518

Mailing Address

950 BIG TREE ROAD
DAYTONA BCH FL 32119-2518

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 06/16/1975 | 3a. Date of Last Report 02/14/1995 |
| 4. FEI Number 59-1602676 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**FISCHER, KENNETH R
950 BIG TREE ROAD
DAYTONA BEACH FL 32019**

10. Name and Address of New Registered Agent

| | |
|--------------------------------------------------------|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | |

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 of Registered Agent

Signature of Agent

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEIL, LOUIS L | 1.2 NAME | |
| STREET ADDRESS | 8513 LANDING WAY CT. | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | FT WORTH, TEXAS 00000 | 1.4 CITY, ST, ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTOSIEWICZ, JOHN P | 2.2 NAME | |
| STREET ADDRESS | 400 PALOVERDE LANE | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | FT WORTH, TX 00000 | 2.4 CITY, ST, ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, KENNETH R. | 3.2 NAME | |
| STREET ADDRESS | 776 OSPREY DRIVE | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | PORT ORANGE, FL 00000 | 3.4 CITY, ST, ZIP | |
| TITLE | ST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEIL, KAREN L. | 4.2 NAME | |
| STREET ADDRESS | 8117 LEA SHORE | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | FORT WORTH TX | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is what I truly furnished and does not qualify for the exemption stated in Section 119.07(13)(k), Florida Statutes. I further certify that the information included on this annual report for 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 in an attachment with an address.

SIGNATURE:

Louis L. Heil, President

2-6-96

817-232-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)