

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 # 609293

(6)

1. Corporation Name

TROLLEY STATIONS, INC.



Principal Place of Business

1940 STICKNEY POINT RD  
~~SUITE 6~~  
SARASOTA FL 34231  
US

Mailing Address

1940 STICKNEY POINT RD  
SARASOTA FL 34231  
US

3. Date Incorporated or Qualified  
01/29/1979

3a. Date of Last Report  
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-1890937

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, KENNETH L.  
8051 NORTH TAMiami TRAIL  
SUITE 33  
SARASOTA FL 34243

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 obligation 607.0505, Florida Statutes.

SIGNATURE

(Signature)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PTD	FISHER, DONALD A II	1824 ISLAND WAY	OSPREY, FL 00000	<input type="checkbox"/>
VD	FISHER, DONALD A	4526 LAKECREST PL	SARASOTA FL	<input type="checkbox"/>
SD	FISHER, SUSAN JA II	4526 LAKECREST PL	SARASOTA, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	2.1 NAME	3.1 STREET ADDRESS	4.1 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2.2 NAME	3.2 STREET ADDRESS	4.2 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	2.3 STREET ADDRESS	3.3 STREET ADDRESS	4.3 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 941-923-2721  
Date Daytime Phone #

CR2E034 (12/95)