

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90077 034 ***150.00

DOCUMENT # 609293

1. Corporation Name

TROLLEY STATIONS, INC.

Principal Place of Business

3550 CLARK RD
SARASOTA FL 34231
US

Mailing Address

3550 CLARK RD
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARSHALL, KENNETH L
4140 CENTERGATE BLVD
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name
DONALD A FISHER II
82 Street Address (P.O. Box Number is Not Acceptable)
534 OAK BAY DR
83
84 City
OSPREY FL 85 Zip Code
34229

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]

4/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
PTD
FISHER, DONALD A II
534 OAK BAY DRIVE
OSPREY FL 34229 ☐ DELETE

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
VD
FISHER, DONALD A
610 PINE RANCH ROAD EAST
OSPREY FL 34229 ☐ DELETE

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
SD
FISHER, SUSAN
610 PINE RANCH ROAD EAST
OSPREY FL 34229 ☐ DELETE

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

941-223-2121

Daytime Phone #

CR2E034 (1/98)