

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

FILED
Feb 12 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 # 657226 (7)
1. Corporation Name
ZEPHYR COACH SERVICE, INC.



Principal Place of Business: 37321 NORTHSIDE DR, ZEPHYRHILLS FL 33541
Mailing Address: 37321 NORTHSIDE DR, ZEPHYRHILLS FL 33541-7617

3. Date Incorporated or Qualified: 02/26/1980
3a. Date of Last Report: 03/14/1996
4. FEI Number: 59-1969985
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 City & State; 24 Zip; 25 Country

2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

HUBBELL, ALAN ROBERT
37321 NORTHSIDE DR
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUBBELL, ALAN ROBERT	
STREET ADDRESS	37321 NORTHSIDE DR	
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HUBBELL, LULA BELLE	
STREET ADDRESS	37321 NORTHSIDE DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUBBELL, PAMELA	
STREET ADDRESS	37321 NORTHSIDE DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Pamela Hubbell* 02-06-97 813-782-7476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)