


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719432
1. Corporation Name
Hillsborough County Schools
Transportation Association Inc.

Principal Place of Business
9455 Harney Road
Thonotosassa FLA. 33592

Mailing Address
c/o Carolyn Barlow
9455 Harney Road
Thonotosassa FL 33592-3705

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

3. Date Incorporated or Qualified 10-02-70	
4. FEI Number 39-1714267	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name	Victoria Lawry
82 Street Address (P.O. Box Number is Not Acceptable)	116 Hickory Creek Dr.
83	
84 City	Brandon
85 Zip Code	FL 33511

10. Name and Address of New Registered Agent

81 Name	Victoria Lawry
82 Street Address (P.O. Box Number is Not Acceptable)	116 Hickory Creek Dr.
83	
84 City	Brandon
85 Zip Code	FL 33511

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Victoria K Lawry Victoria K Lawry 6-23-98
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	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" 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	President = (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Victoria Lawry
1.3 STREET ADDRESS	116 Hickory Creek Dr.
1.4 CITY-ST-ZIP	Brandon FLA. 33511
2.1 TITLE	Vice President = (V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joy Perez
2.3 STREET ADDRESS	1202 LIVE OAK LANE
2.4 CITY-ST-ZIP	LOUZA FLA. 33549
3.1 TITLE	Secretary = SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Louise Overcash
3.3 STREET ADDRESS	607 Bloomingdale Ave.
3.4 CITY-ST-ZIP	Brandon FLA. 33511
4.1 TITLE	Treasurer = TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carolyn Barlow
4.3 STREET ADDRESS	1350 Avery Road
4.4 CITY-ST-ZIP	Thonotosassa FLA. 33592
5.1 TITLE	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RODRIGUES, BARBARA
5.3 STREET ADDRESS	10211 N. 23RD ST
5.4 CITY-ST-ZIP	Tampa FL. 33612
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Barlow CAROLYN BARLOW 5-20-98 (813) 986-4398
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)