


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90127 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719432					
1. Corporation Name HILLSBOROUGH COUNTY SCHOOLS TRANSPORTATION ASSOCIATION, INC.					
Principal Place of Business 9455 HARNEY RD. THONOTOSASSA FL 33592			Mailing Address C/O CAROLYN BARLOW 9455 HARNEY ROAD THONOTOSASSA FL 33592-3705		
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		3. Date Incorporated or Qualified 10/02/1970 4. FEI Number 59-1714267 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	
9. Name and Address of Current Registered Agent LAWRY, VICTORIA 116 HICKORY CREEK DR. BRANDON FL 33511			10. Name and Address of New Registered Agent 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 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 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	P <input type="checkbox"/> DELETE				
NAME	LAWRY, VICTORIA				
STREET ADDRESS	116 HICKORY CREEK DR				
CITY-ST-ZIP	BRANDON FL 33511				
TITLE	V <input type="checkbox"/> DELETE				
NAME	PEREZ, JOY				
STREET ADDRESS	1202 LIVE OAK LANE				
CITY-ST-ZIP	LUTZ FL 33549				
TITLE	SD <input type="checkbox"/> DELETE				
NAME	OVERCASH, LOUISE				
STREET ADDRESS	607 BLOOMINGDALE AVE				
CITY-ST-ZIP	BRANDON FL 33511				
TITLE	TD <input type="checkbox"/> DELETE				
NAME	BARLOW, CAROLYN				
STREET ADDRESS	12520 AVERY ROAD				
CITY-ST-ZIP	THONOTOSASSA FL 33592				
TITLE	D <input type="checkbox"/> DELETE				
NAME	RODRIGUES, BARBARA				
STREET ADDRESS	10211 N. 23RD ST				
CITY-ST-ZIP	TAMPA FL 33612				
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 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, with all other like empowered.

SIGNATURE:

Carolyn Barlow **CAROLYN BARLOW** 3 4-99 (813) 986 4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)