FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:20

DOCUMENT # 754413 (3)

1. Corporation Name
WBRS BUSLINE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~900 CAROLINA CIRCLE 32796~~ POST OFFICE BOX 1204 TITUSVILLE FL 32781	~~900 CAROLINA CIRCLE 32796~~ POST OFFICE BOX 1204 TITUSVILLE FL 32781-1204 US

3. Date Incorporated or Qualified: 09/30/1980
3a. Date of Last Report: 06/28/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 1130 WOODCHUCK CT	26: 1130 WOODCHUCK CT
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: 32781-1204 Country 25:	Zip 29: Country 30:

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
SPROC, SUSAN 1130 WOODCHUCK CT. TIUTUSVILLE FL 32796	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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BURDINE, KEN	1.2 NAME	
STREET ADDRESS	270 GREMA DR.	1.3 STREET ADDRESS	270 YUMA DR.
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, STEVE	2.2 NAME	
STREET ADDRESS	2986 CRYSTAL CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32782	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SPROC, SUSAN	3.2 NAME	
STREET ADDRESS	1130 WOODCHUCK C.T	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	SP	4.1 TITLE	☒ Change ☐ Addition
NAME	SPIVEY, SUSAN	4.2 NAME	SPIVEY, DIANE
STREET ADDRESS	1340 MUIRFIELD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Susan O. Sproc WBRS Treasurer — January 26 1995 — 4072680841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032638