

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # 754413 (3)

1. Corporation Name

WBRS BUSLINE, INC.



Principal Place of Business

Mailing Address

980 CAROLINA CIRCLE 32796
POST OFFICE BOX 1204
TITUSVILLE FL 32781

980 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

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

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.
TITUSVILLE FL 32796

81 Name Bonnie Griffin

82 Street Address (P.O. Box Number is Not Acceptable)

5454 Deer Ln

83

84

City Cocoa

FL

85

Zip Code 32907

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 BONNIE GRIFFIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BURDINE, KEN
STREET ADDRESS 270 YUMA DR.
CITY-ST-ZIP TITUSVILLE FL

TITLE VD ☒ DELETE
NAME PAYNE, STEVE
STREET ADDRESS 2986 CRYSTAL CT.
CITY-ST-ZIP TITUSVILLE FL 32782

TITLE TD ☒ DELETE
NAME SPROC, SUSAN
STREET ADDRESS 1130 WOODCHUCK C.T
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE SP ☒ DELETE
NAME SPIVEY, DIANE
STREET ADDRESS 1340 MUIRFIELD DR.
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME MIKE JOHNSON
2.3 STREET ADDRESS 1570 SILK OAK AVE
2.4 CITY-ST-ZIP TITUSVILLE, FL. 32781

3.1 TITLE TD ☐ Change ☐ Addition
3.2 NAME BONNIE GRIFFIN
3.3 STREET ADDRESS 5454 DEER LN
3.4 CITY-ST-ZIP COCOA, FL. 32907

4.1 TITLE SP ☐ Change ☐ Addition
4.2 NAME LYDIA SWALCHICK
4.3 STREET ADDRESS 5000 WINCHESTER DR
4.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bonnie Griffin BONNIE GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (407) 636-9579

Date

Daytime Phone #

CR2E037 (12/95)