

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843619 (8)

1. Corporation Name
MCDONALD TRANSIT ASSOCIATES, INC.

Principal Place of Business 4040 FOSSIL CREEK BLVD. SUITE 200 FT WORTH TX 76137 US	Mailing Address 4040 FOSSIL CREEK BLVD. SUITE 200 FT WORTH TX 76137 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1979

4. FEI Number

75-1626932

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FISCHER, KENNETH R.
950 BIG TREE ROAD
DAYTONA BEACH FL 32019

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 607.0502 and 607.1002, 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

Signature, typed or printed name of person who signed and filed this report and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEIL, LOUIS L	
STREET ADDRESS	8513 LANDING WAY CT.	
CITY-ST-ZIP	FT WORTH TX	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FISCHER, KENNETH R	
STREET ADDRESS	776 OSPREY DR.	
CITY-ST-ZIP	PORT ORANGE FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HEIL L. KAREN	
STREET ADDRESS	8117 LEA SHORE	
CITY-ST-ZIP	FORT WORTH TX	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTOSIEWICZ, JOHN P	
STREET ADDRESS	400 PALOVERDE LANE	
CITY-ST-ZIP	FT WORTH, TX 00000	

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

☒ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	8117 Lea Shore
1.4 CITY-ST-ZIP	Fort Worth Texas 76179

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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

6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

John P. Bartosiewicz

2-13-98 817-232-9551

CR2E034 (10/97)