FILED

Mar 01, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 843619

1. Corporation Name

MCDONALD TRANSIT ASSOCIATES, INC.

Principal Place of Business Mailing Address						t idaliai (Brit gipes fried Syral ribra idri arab arab arab gran gran arab dian (sa)	
4040 FOSSIL CREEK BLVD. 4040 FOSSIL CREEK			O.				
SUITE 200		SUITE 200				DO NOT WITH IN THE ORDER	
FT WORTH TX	76137	FT WORTH TX 76137				DO NOT WRITE IN THIS SPACE	
US		U\$				3. Date Incorporated or Qualifed 06/29/1979	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				75-1626932 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible	
24	25	 	30			1 Groomar February Tax	
	9. Name and Address of Current	Registered Agent		31	Name	10. Name and Address of New Registered Agent	
FISCHER, KENNETH R.				ויי	Name		
950 BIG TREE ROAD			1	82 Street Address (P.O. Box Number is Not Acceptable)		ress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32019			L				
UAT	IONA BEACH FL 32019			33			
			1	34	City	85 Zip Code	
			,]		-	FL 63 219 COOK	
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	_						
OIOIVATORE	Signature, typed or printed name of registered agent			gent	signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		}	Citalige Notice	
NAME	HEIL, LOUIS L		1.2 NAM	Ε			
STREET ADDRESS	8117 LEA SHORE		1.3 STREE		ADDRESS		
CITY-ST-ZIP	FT WORTH TX 76179		1.4 CITY-		-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	FISCHER, KENNETH R		2.2 NAME		ļ		
STREET ADDRESS	776 OSPREY DR.		2.3 STREE		ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL			Y-S1	T-ZIP		
TITLE	ST	☐ DELETE	ETE 317MLE			☐ Change ☐ Addition	
NAME	HEIL L. KAREN		3.2 NAME				
STREET ADDRESS	8117 LEA SHORE		3.3 STR	EET	ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	ORT WORTH TX		Y-S1	T-ZIP		
TITLE	VD	☐ DELETE 4.1		E		☐ Change ☐ Addition	
NAME	BARTOSIEWICZ, JOHN P		4, 2 NAME				
STREET ADDRESS	400 PALOVERDE LANE		4.3 STREE		ADDRESS		
CITY-ST-ZIP	FT WORTH, TX 00000		4.4 CITY-S		:-ZiP		
TITLE		☐ DELETE	5.1 TITLE			· Change Addition	
NAME			5.2 NAM	Æ			
STREET ADDRESS			5.3 STR	EET	ADDRESS		
CITY-ST-ZIP			5.4 CIT	r-st	r-ZIP		
TITLE	☐ DELETE 6.1		6.1 TITL	Ė		☐ Change ☐ Addition	
NAME			6 2 NAM	Æ			
STREET ADDRESS			6.3 STR	EET	ADDRESS		

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, byon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: