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Secretary of State

03-04-1999 90132 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F50785

1. Corporation Name

FIRST CLASS COACH & EQUIPMENT, INC.



Principal Place of Business

**10 W STORY ROAD
WINTER GARDEN FL 34787**

Mailing Address

**10 W STORY ROAD
WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1981

4. FEI Number

59-2139722

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 88 E. BROAD ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 88 E. BROAD ST.

Suite, Apt. #, etc.

City & State

23 WINTER GARDEN, FL

Zip

Country

City & State

28 WINTER GARDEN, FL

Zip

Country

24 34787 **25**

29 34787 **30**

9. Name and Address of Current Registered Agent

**FEWELL, SCOTT T.
10 W. STORY ROAD
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name

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

88 E. BROAD ST.

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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 **Scott T. Fewell**

Scott Fewell

1-29-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **FEWELL, SCOTT T**

STREET ADDRESS **2025 WILLOW LAUREN LANE**

CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **Scott T. Fewell** **Scott Fewell**

1-29-99

407-686-1175

Date

Daytime Phone #

CR2E034 (11/98)