

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000000945 (3)

1. Corporation Name
FLORIDA PAR TRANSPORTATION, INC.



Principal Place of Business
23 PUBLIC SQUARE, #440
BELLEVILLE IL 62220

Mailing Address
23 PUBLIC SQUARE, #440
BELLEVILLE IL 62220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1996

4. FEI Number
37-1344823

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.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SUAREZ, DANIEL
STREET ADDRESS 2801 N. 43RD ST.
CITY-ST-ZIP FAIRMONT CITY IL 62201

☐ DELETE

1.1 TITLE PD
1.2 NAME Suarez, Daniel
1.3 STREET ADDRESS 22 Summertree Lane
1.4 CITY-ST-ZIP Collinsville, IL 62234

☒ Change ☐ Addition

TITLE SD
NAME FLYNN, PATRICK M
STREET ADDRESS 23 PUBLIC SQUARE, #440
CITY-ST-ZIP BELLEVILLE IL 62220

☐ DELETE

2.1 TITLE S
2.2 NAME Flynn, Patrick M.
2.3 STREET ADDRESS 23 Public Square, #440
2.4 CITY-ST-ZIP Belleville, IL 62220

☒ Change ☐ Addition

TITLE TD
NAME CASSIDAY, WILLIAM
STREET ADDRESS PO BOX 67-NA
CITY-ST-ZIP HARTFORD IL 62048

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE D
4.2 NAME Hoff, David
4.3 STREET ADDRESS 2975 Kingshighway
4.4 CITY-ST-ZIP Fairmont City, IL 62201

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Patrick M. Flynn

1/15/98 618-232-0480

CR2E034 (10/97)