

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005692 (6)**

1. Corporation Name

MATTHEWS BUSES, INC.



Principal Place of Business 2900 RT 9 - MALTA BALLSTON SPA NY 12866	Mailing Address 2900 RT 9 - MALTA BALLSTON SPA NY 12866
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 16-0979756		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCST <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, BRUCE R	1.2 NAME	MATTHEWS, MARK E.
STREET ADDRESS	4 TIFFANY PL	1.3 STREET ADDRESS	2900 RT 9 - MALTA
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866	1.4 CITY-ST-ZIP	BALLSTON SPA, NY 12020
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MATTHEWS, GLENN J	2.2 NAME	
STREET ADDRESS	1478 SWQUOIA CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOMS RIVER NJ 08753	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MATTHEWS, ROBERT E	3.2 NAME	
STREET ADDRESS	4003-204 MEADOWWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MATTHEWS, ROBERT C	4.2 NAME	
STREET ADDRESS	246 MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE NY 14437	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MATTHEWS, JUSTINE H	5.2 NAME	
STREET ADDRESS	4003-204 MEADOWWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MATTHEWS, GUY R	6.2 NAME	
STREET ADDRESS	1005 TREASURE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963	6.4 CITY-ST-ZIP	

14. I do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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