

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

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**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H32618 (1)  
1. Corporation Name  
**ESCOT BUS LINES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 11623 MARLA LANE, P O BOX 3875, SEMINOLE FL 34642  
Mailing Address: 11623 MARLA LANE, P O BOX 3875, SEMINOLE FL 34642

3. Date Incorporated or Qualified: 12/03/1984  
4. FEI Number: 59-2577191  
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: 21 P.O. Box 3875, Suite, Apt. #, etc.  
22 City & State: Seminole, FL.  
23 Zip: 33775, Country: U.S.  
24  
2a. Mailing Address: 26 P.O. Box 3875, Suite, Apt. #, etc.  
27 City & State: Seminole, FL.  
28 Zip: 33775, Country: U.S.  
29  
30

9. Name and Address of Current Registered Agent: HARLAN, BRUCE M., 700 PINELLAS STREET, CLEARWATER FL 34616

10. Name and Address of New Registered Agent: 81 Name: LEWIS SCOTT, 82 Street Address: 11105 66th St, N, 83, 84 City: LARGO, FL, 85 Zip Code: 33773

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: *Lewis A. Scott* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	SCOTT, LEWIS A.	1.2 NAME	Scott, Lewis
STREET ADDRESS	11623 MARLA LANE	1.3 STREET ADDRESS	PO BOX 3875 11105 66th ST N
CITY-ST-ZIP	SEMINOLE FL LARGO FL 33773	1.4 CITY-ST-ZIP	SEMINOLE FL 33775 LARGO FL 33773
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: *Lewis A. Scott* 4/14/98

1097 (10/97)