

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90201 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H38468**

1. Corporation Name
THE NEXT STOP, INC.



Principal Place of Business
**1775 HARBOR RD
 KISSIMMEE FL 34746**

Mailing Address
**1775 HARBOR RD
 KISSIMMEE FL 34746**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 974 Paint Rock Rd.
 Suite, Apt. #, etc.
22 --
 City & State
23 Kingston, TN
 Zip Country
24 37763 25 USA

2a. Mailing Address
26 974 Paint Rock Rd
 Suite, Apt. #, etc.
27 --
 City & State
28 Kingston, TN
 Zip Country
29 37763 30 USA

3. Date Incorporated or Qualified
01/17/1985

4. FEI Number
59-2478625

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

9. Name and Address of Current Registered Agent
**CARPENTER, FRANKIE E.
 1775 HARBOR RD
 KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent
81 Name R. Stephen Miles, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 100 Church Street
83
84 City Kissimmee FL 85 Zip Code 34741

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 *Frankie E. Carpenter* DATE **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANKIE E.	1.2 NAME	Carpenter, Frankie E.
STREET ADDRESS	1775 HARBOR RD	1.3 STREET ADDRESS	974 Paint Rock Rd.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kingston, TN 37763
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.073(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: *Frankie E. Carpenter* **Frankie E. Carpenter** DATE **04/23/99** **423-717-3656**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)