FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H59634 (6)

1. Corporation Name
ZUBERS' CHARTER BUS SERVICE, INC.

Principal Place of Business
276 No Samsula Rd.
~~245 POINCIANA AVE. HARBOR OAKS, FL 32127~~
P.O. BOX 238244
DAYTONA BCH. FL 32123

Mailing Address
~~245 POINCIANA AVE. HARBOR OAKS, FL 32127~~
P.O. BOX 238244
DAYTONA BCH. FL 32123

3. Date Incorporated or Qualified: 05/31/1985
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-2650543 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 276 No. Samsula Dr
22 Suite, Apt. #, etc.
23 City & State: New Smyrna Bch. FL.
24 Zip: 32168
25 Country: Volusia

2a. Mailing Address
26 P.O. Box 238244
27 Suite, Apt. #, etc.: Daytona Beach, FL.
28 City & State
29 Zip: 32123
30 Country: Volusia

9. Name and Address of Current Registered Agent
ZUBER, MILLARD C.
245 POINCIANA AVE
HARBOR OAKS FL 32127

10. Name and Address of New Registered Agent
81 Name: Millard C. Zuber
82 Street Address (P.O. Box Number is Not Acceptable): 276 No. Samsula Dr.
83 New Smyrna Beach
84 City: Florida FL
85 Zip Code: 32168

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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1 1 TITLE	DP ☐ Change ☐ Addition
NAME	ZUBER, MILLARD C.	1 2 NAME	Millard C. Zuber
STREET ADDRESS	245 POINCIANA AVE	1 3 STREET ADDRESS	276 No. Samsula Rd.
CITY-ST-ZIP	HARBOR OAKS FL	1 4 CITY-ST-ZIP	New Smyrna Beach FL-32168
TITLE	D ☐ DELETE	2 1 TITLE	D ☐ Change ☐ Addition
NAME	ZUBER, BARBARA A.	2 2 NAME	Barbara A. Zuber
STREET ADDRESS	245 POINCIANA AVE	2 3 STREET ADDRESS	276 No. Samsula Dr.
CITY-ST-ZIP	HARBOR OAKS FL	2 4 CITY-ST-ZIP	New Smyrna Beach FL. 32168
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Millard C. Zuber Millard C. Zuber — 1-22-96 — 904 427-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)