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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J33038

Principal Place of Business

P.O. BOX 1776

EUSTIS FL 32727-8776

\$103 KURT STREET (ZIP - 32726)

appears in Block 12 or Block 13 if

Mailing Address

P.O. BOX 1776

EUSTIS FL 32727-1776

3103 KURT STREET (ZIP - 32726)

SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 09/15/1986 04/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2715958 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARFIELD, ROBERT E., JR. 2034 CROOKED LAKE ESTATES LANE Street Address (P.O. Box Number is Not Acceptable) 3103 KURT STREET В3 **EUSTIS FL 32726** R4 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, typisd or pentild name of registered agent and title it apporable (NOTC Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE PD 1 1 TITLE ☐ Change Addition NAME WARFIELD, ROBERT E. 1.2 NAM-2034 CROOKED LK EST LN STREET ADDRESS 13 STREET ADDRESS **EUSTIS FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP TRUE DELETE 21 TITLE Change ■ Addition NAME TERRY, R. RAY 22 NAME 2003 SOUTH BAY STREET STREET ADDRESS 2.3 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIE 2 4 CITY - ST - ZIP DELETE TOTAL 3.1 TITLE Change Addition NAME 3.2 NAM: STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4 4 CITY - ST - ZIP DELETE TITLE 51 TITLE Addition NAME 5.2 NAM STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - S1 - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAM 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 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name