

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # J33038 (7)
1. Corporation Name
SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.



Principal Place of Business Mailing Address
8103 KURT STREET (ZIP - 32726) 3103 KURT STREET (ZIP - 32726)
P.O. BOX 1776 P.O. BOX 1776
EUSTIS FL 32727-8776 EUSTIS FL 32727-8776

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	09/15/1986
4. FEI Number	59-2715958
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARFIELD, ROBERT E., JR. 2034 CROOKED LAKE ESTATES LANE 3103 KURT STREET EUSTIS FL 32726		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		Signature, typed or printed name of registered agent and date, if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	NAME	WARFIELD, ROBERT E.	<input type="checkbox"/> DELETE				1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS	2034 CROOKED LK EST LN							1.2 NAME							
CITY-ST-ZIP	EUSTIS FL							1.3 STREET ADDRESS							
TITLE	D	NAME	TERRY, R. RAY	<input type="checkbox"/> DELETE				1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS	2003 SOUTH BAY STREET							2.1 TITLE							
CITY-ST-ZIP	EUSTIS FL							2.2 NAME							
TITLE		NAME		<input type="checkbox"/> DELETE				2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS								2.4 CITY-ST-ZIP							
CITY-ST-ZIP								3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		<input type="checkbox"/> DELETE				3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		<input type="checkbox"/> DELETE				4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS								4.2 NAME							
CITY-ST-ZIP								4.3 STREET ADDRESS							
TITLE		NAME		<input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS								5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP								5.2 NAME							
TITLE		NAME		<input type="checkbox"/> DELETE				5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS								5.4 CITY-ST-ZIP							
CITY-ST-ZIP								6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		<input type="checkbox"/> DELETE				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.

SIGNATURE: [Signature] R. E. Warfield, Jr. President 1 May 2002 549-1271

CR2E034 (10/97)