

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K64262** (4)

1. Corporation Name

**PEREZ BUS SERVICE, INC.**



Principal Place of Business

**2535 LA TRELLE COURT  
JACKSONVILLE FL 32210**

Mailing Address

**2535 LA TRELLE COURT  
JACKSONVILLE FL 32210**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

g. Name and Address of Current Registered Agent

29

30

**STEDFORD, WALTER R.  
2039 PARK STREET  
JACKSONVILLE FL 32204**

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 title (if applicable)

(NOTE: Registered Agent Signature Required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DP                    | <input type="checkbox"/> DELETE |
| NAME           | PEREZ, DUDLEY J., JR. |                                 |
| STREET ADDRESS | 2535 LA TRELLE COURT  |                                 |
| CITY-STATE-ZIP | JACKSONVILLE FL       |                                 |
| TITLE          | S                     | <input type="checkbox"/> DELETE |
| NAME           | PEREZ, DUDLEY J., SR. |                                 |
| STREET ADDRESS | 2535 LA TRELLE COURT  |                                 |
| CITY-STATE-ZIP | JACKSONVILLE FL       |                                 |
| TITLE          | T                     | <input type="checkbox"/> DELETE |
| NAME           | PEREZ, JOYCELYN V.    |                                 |
| STREET ADDRESS | 2535 LA TRELLE COURT  |                                 |
| CITY-STATE-ZIP | JACKSONVILLE FL       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |                                                                   |
| 13. STREET ADDRESS |                                                                   |
| 14. CITY-STATE-ZIP |                                                                   |
| 2. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY-STATE-ZIP |                                                                   |
| 3. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |                                                                   |
| 33. STREET ADDRESS |                                                                   |
| 34. CITY-STATE-ZIP |                                                                   |
| 4. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |                                                                   |
| 43. STREET ADDRESS |                                                                   |
| 44. CITY-STATE-ZIP |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |                                                                   |
| 53. STREET ADDRESS |                                                                   |
| 54. CITY-STATE-ZIP |                                                                   |
| 6. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |                                                                   |
| 63. STREET ADDRESS |                                                                   |
| 64. CITY-STATE-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)(b), 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, on an attachment with an address.

SIGNATURE: **DUDLEY J. PEREZ, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

904-783-3461

CR2E034 (12/95)