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

PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64262

(4)

PEREZ BUS SERVICE, INC.

Principal Place	e of Business	Maiing Address				I EBRIDAIA DIO QIITI BIDIO IIDIK DILAD FIRK DADA BIDII DIBLE DADII DIDAL DIBLI FODI			
2535 LA TREU		2535 LA TRELLE COU	or .			1			
JACKSONVILLE		JACKSONVILLE FL 322			*	· ·			
						3. Date Incorporated or Qualified 02/09/1989	1	te of Last F 05/1996	Report
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	1 Y 11		pplied For	
21		26			59-2948876 Not Applic			lot Applicable	
Suite, Apt	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27					Fee R	tequired	
City & Stati	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23	Country	28				Trust Fund Contribution			to Fees
<u> </u>			Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No			
24	25 9. Name and Address of Curren	29 nt Registered Agent	[30]			10. Name and Address of New Re			
QTE:	DEFORD, WALTER R.			81	Name				
	9 PARK STREET				0	(0.0.0.1)	1-5		
	KSONVILLE FL 32204			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
4/10	TOOTTIELE TE SEEST			83					
				84	City			85 Zip	Code
							FL		
office or r	to the provisions of Sections 607.050 registored agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change w	as authoriza	d hv	v the corporati	poration submits this statement for the plann's board of directors. I hereby acceptions	urpose of it the appo	changing pintment as	its registered s registered
SIGNATURE	Day	es dr. Dud	LEV J	Ö	EREZ.	ζρ .	3-8-	.97	
SIGNATURE	Signet ine typica or populat launciof registence age	At alic title if applicable.	NOTE: Registere	d Age	ent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP	☐ DELETE	1110					L Change	Addition
NAME	PEREZ, DUDLEY J., JR.	LA PROCEE AGEIST		12 NAME					
STREET ADDRESS	2535 LA TRELLE COURT		1.3 ST		T ADDRESS				
CITY - S1 - ZIP	JACKSONVILLE FL	T per est	1.4 CITY		ST-ZIP			— a:	
TITLE	DELETE		1	2.1 TITLE				L Change	Addition
NAME	PEREZ, DUDLEY J., SR.		2.2 N						
STREET ADDRESS	2535 LA TRELLE COURT				T ADDRESS				
CITY - ST - 71P	JACKSONVILLE FL	DELETE			\$T-ZIP			Channa	Addition
TITLE	PEREZ IOVOELVILV		3.1 1					∐ Change	Addition
NAME	PEREZ, JOYCELYN V.		32 N						
STHEFT ADDRESS	2535 LA TRELLE COURT				T ADDRESS				
CITY-ST-ZIF	JACKSONVILLE FL	DELETE			ST-ZIP		····································	Change	Addition
THILE		F" DETECT	4.1 TI					CIT CHAIRGE	L.J. AQUILION
NAME			4.2 N		1				
STREET ADDRESS					T ADORESS				
CITY-ST-ZIP		DELETE			ST-ZIP			Change	Addition
TIPLE		טנגנונ ער אונג	5.1 (1)					T CHANGE	L., MOURIUR
NAMÉ			52 N						
STREET ADDRESS					T ADDRESS				
CHY-SY-ZIP		DELETE		_	ST-ZIP			Change	Addition
TIPLE		L. OLLETE	617I			•		⊏1 ∩imide	TT YOUROU
NAME			62 N						
STREET ADDRESS	i		■ 6.3 S	IKEE	T ADDRESS				,

6.4 CITY-ST-ZIP

14. If 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 trustee empowered to execute this report at heavired 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.