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 # **L25898** **(2)**

1. Corporation Name

NICHOLS SCHOOL BUS SERVICE, INC.

Principal Place of Business	Mailing Address
3824 ALDINGTON DR. JACKSONVILLE FL 32210	3824 ALDINGTON DR. JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **10/23/1989**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business	2a. Mailing Address
21 8913 Normandy Blvd	26 3824 Aldington Dr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Jacksonville, Florida	28 City & State: Jacksonville, Florida
24 Zip: 32221-6703 25 County: Duval	29 Zip: 32210-5108 30 County: Duval

4. FEI Number: **59-2974449** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, CARL HOLT, III 1238 FREDERICA PLACE JACKSONVILLE FL 32205	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 of new registered agent, if changed; type or print name and title of the signing officer) (NOTE: Registered Agent Signature Required When Reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, IRENE		12 NAME		
STREET ADDRESS	3824 ALDINGTON DR.		13 STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, KENNETH		22 NAME		
STREET ADDRESS	3824 ALDINGTON DR.		23 STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	EVERETT, BARBARA NICHOLS		32 NAME		
STREET ADDRESS	3953 ALDINGTON DR		33 STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY, ST, ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY, ST, ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Irene Nichols Irene Nichols 1-18-96 904-771-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #