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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L25898 1. Corporation Name

NICHOLS	S SCHOOL	BUS SERVICE,	INC.								• · ·					
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Principal Plac	e of Business		М	failing Addre	ess					111		H BUIDT IBNO I	DIST EDEL DIST	ALBIT BISH I		ENG BUBAK NOBA
8913 NORMANE				24 ALDINGTO										-		•
JACKSONVILLE US	FL 32221-6703		JA: US	CKSONVILLE	FL 32210-	5109					De	O NOT WE	NTE IN TH	IS SPACE	,	
			03	,						3. Date Inc				IS SPACE		
										10/23/	•	or adding.	-			
2. Principal P	lace of Busines	s	2a	. Mailing Ad	ddress					4. FEI Nur					Арр	lied For
21	Principal Place of Business  Suite, Apt. #, etc.								ĺ	59-297	74449				+ • •	Applicable
	#, etc.		F	Suite, Apt	. #, etc.	•				5. Certifca	te of Status	s Desired	. <b>X</b>			dditional
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23	ie.		28	City & Sta	ii e					6. Election	Campaigr and Contrib	-				May Be Fees
Zip		Country		Zip		Cou	ntry			8. This cor			rent vear I		300 10	1 000
24	25	1	29			30	•				l Property		ronc your i	Yes		□No
	9. Name an	d Address of Curren	ıt Regis	stered Age	nt				'	10. Name a			Registere	d Agent		
DAV	IC JOUN D						81	Name								
	is, John D. B Wesconne	TT BLVD					82	Street A	Addres	s (P.O. Box	Number is	Not Accep	table)			
	KSONVILLE FL						83			:	· · ·		12011	+ 45.54		
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							84	City				•	F	L 85	Zip Co	odé
.11. Pursuant	to the provision	s of Sections 607.050 , or both, in the State	2 and 6	07.1508, FI	orida Statu	ites, the at	bove-	-named o	corpor	ation submits	this stater	nent for the	purpose o	of changin	g its re	egistered
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agont. ra	iiir iaiiiiiiai wiiii,	and accept the obliga	uons or	f, Section 60	)7.0505, Fi	orida Stan	ıtes.					•				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 💢