FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -6 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11866 (3)

1. Corporation Name
PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC

Principal Place of Business	Mailing Address
2540 OLD DIXIE HIGHWAY KISSIMMEE FL 34744	2540 OLD DIXIE HIGHWAY KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2591481 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ADKINS, PAULA
2573 N STEWART
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

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] 2/28/95
Signature of or printed name of registered agent and title 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVRIER, WILLIAM	1.2 NAME	HENDERSHOT, ALICE	
STREET ADDRESS	1795 ORANGE VISTA	1.3 STREET ADDRESS	Rt 1, 6600 Twilight Ct.	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Davenport, FL 34837	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, BETTY	2.2 NAME		
STREET ADDRESS	PO BOX 81 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	INTERCESSION CITY FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	OQUENDO, LUIS	3.2 NAME		
STREET ADDRESS	205 KELLWOOD CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	MARQUEZ, GINGER	☒ Change ☐ Addition
NAME	MCLAUGHLIN, ALEASHA	4.2 NAME	6559-II9 Old Wilson Rd.	
STREET ADDRESS	5083 VILLA NOVA RD	4.3 STREET ADDRESS	Davenport, FL 33837	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	S	
TITLE	SR	5.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, RITA	5.2 NAME		
STREET ADDRESS	2469 PRIMERO DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	ALMOND, ANNETT	6.2 NAME	LeVRIER, WILLIAM	
STREET ADDRESS	49 CHIP CT	6.3 STREET ADDRESS	1795 Orange Vista Blvd	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	Kissimmee, FL 34746	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

407-847-2875

SIGNATURE: [signature] William R. LeVrier, Treasurer 10 Feb 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060021