

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N11866** (3)  
1. Corporation Name  
**PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC**



Principal Place of Business  
**2540 OLD DIXIE HIGHWAY  
KISSIMMEE FL 34744**

Mailing Address  
**2540 OLD DIXIE HIGHWAY  
KISSIMMEE FL 34744**

3. Date Incorporated or Qualified  
**11/01/1985**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2591481</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Paula Adams*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/28/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSHOT, ALICE	
STREET ADDRESS	RT 7 6800 TWILIGHT CT	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, BETTY	
STREET ADDRESS	PO BOX 81 N/A	
CITY - ST - ZIP	INTERCESSION CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OOQUENDO, LUIS	
STREET ADDRESS	205 KELLWOOD CT	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARQUEZ, GINGER	
STREET ADDRESS	6555-119 OLD WILSON RD	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	SR	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, RITA	
STREET ADDRESS	2489 PRIMERO DR	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVRIER, WILLIAM	
STREET ADDRESS	1795 ORANGE VISTA BLVD	
CITY - ST - ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	FROMAN, BONNIE
2.4 CITY - ST - ZIP	4195 East Vista Ct., Kissimmee, FL 34746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	LeVRIER, BILLIE J.
4.4 CITY - ST - ZIP	1795 Orange Vista Blvd Kissimmee, FL 34746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SR
5.3 STREET ADDRESS	DRAWDY, JUDY
5.4 CITY - ST - ZIP	Box 309 N/A Intercession City, FL 33848
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200001876162
6.3 STREET ADDRESS	-06/26/96--01053--043
6.4 CITY - ST - ZIP	***61.25

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; 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.

SIGNATURE:

*William R. LeVrier*  
Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 May 96

407-935-3720

Date

Daytime Phone #

CR2E037 (12/95)