

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

2540 OLD DIXIE HIGHWAY  
KISSIMMEE FL 347442540 OLD DIXIE HIGHWAY  
KISSIMMEE FL 34744-1838

3. Date Incorporated or Qualified

11/01/1985

3a. Date of Last Report

06/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2591481

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

ADKINS, PAULA  
2573 N STEWART  
KISSIMMEE FL 34748

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

Signature, typed 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	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSHOT, ALICE	
STREET ADDRESS	RT 1 6600 TWILIGHT CT	
CITY-ST-ZIP	DAVENPORT FL	

1.1 TITLE	PN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DECHER, CHRISTIE F.	
1.3 STREET ADDRESS	3213 Cypress Trails Dr.	
1.4 CITY-ST-ZIP	Polk City, FL 32837	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FROMAN, BONNIE	
STREET ADDRESS	4195 EAST VISTA CT	
CITY-ST-ZIP	KISSIMMEE FL 34748	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENDERSHOT, RONDA	
2.3 STREET ADDRESS	Rt 1 6600 Twilight Ct	
2.4 CITY-ST-ZIP	Davenport FL 33837	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OQUENDO, LUIS	
STREET ADDRESS	205 KELLWOOD CT	
CITY-ST-ZIP	KISSIMMEE FL	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERSON, JAN S.	
3.3 STREET ADDRESS	4785 Northwind Blvd	
3.4 CITY-ST-ZIP	Kissimmee, FL 34746	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LE VRIER, BILLIE J	
STREET ADDRESS	1795 ORANGE VISTA BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34748	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	SR	<input type="checkbox"/> DELETE
NAME	DRAWDY, JUDY	
STREET ADDRESS	BOX 309 N/A	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	

5.1 TITLE	SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ASHBURN, JIMMY W.	
5.3 STREET ADDRESS	5193 Heatherstone Ct.	
5.4 CITY-ST-ZIP	Kissimmee, FL 34758	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVRIER, WILLIAM	
STREET ADDRESS	1795 ORANGE VISTA BLVD	
CITY-ST-ZIP	KISSIMMEE FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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:

Signature and typed or printed name of signing officer or director

17 Jan 97

407-935-3720

Daytime Phone # 0069954

CR2E037 (9/96)