


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/01/1985		4. FEI Number 59-2591481	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 85 Zip Code	
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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 A. Adkins* (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	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHER, CHRISTIE F.	1.2 NAME	Roberson, Jan S.
STREET ADDRESS	3213 CYPRESS TRAILS DR.	1.3 STREET ADDRESS	4785 Northwind Blvd.
CITY-ST-ZIP	POLK CITY FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, RONDA	2.2 NAME	Pacheco, Elizabeth
STREET ADDRESS	RT. 1, 6600 TWILIGHT CT.	2.3 STREET ADDRESS	2340 Queenswood Circle
CITY-ST-ZIP	DAVENPORT FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, JAN S.	3.2 NAME	Bendix, Debbie
STREET ADDRESS	4785 NORTHWIND BLVD.	3.3 STREET ADDRESS	2680 Debany Rd.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE VRIER, BILLIE J	4.2 NAME	
STREET ADDRESS	1795 ORANGE VISTA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	4.4 CITY-ST-ZIP	
TITLE	SR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBURN, JIMMY W.	5.2 NAME	Ireland, Kimberly
STREET ADDRESS	5193 HEATHERSTONE COURT	5.3 STREET ADDRESS	508 Minnesota Ave.
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	St Cloud, FL 34769
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVRIER, WILLIAM	6.2 NAME	
STREET ADDRESS	1795 ORANGE VISTA BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	34746

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 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 Levrier* **WILLIAM LEVRIER**

9 Jan 98

407-935-3720

CR2E037 (10/97)