

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000771 (7)

1. Corporation Name

**Pinellas Association of Wheelchair Transportation
Provider's, Inc.**

Principal Place of Business

Mailing Address

**3000 34th Street S., Ste K
St. Petersburg, FL 33711**

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
3/30/94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3152386

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Green, James L.
c/o VIP Wheelchair Transport, Inc.
5880 49th Street N. Ste N-204
St. Petersburg, FL 33709**

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 of person authorized to change registered agent and office (if applicable) Signature of Registered Agent (if change in agent is being made)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
P/D
Hoel, William R.
STREET ADDRESS
3000 34th Street N., Ste K
CITY, ST, ZIP
St. Petersburg, FL 33711

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
800001544658
15
-07/25/95--01016--0119
16
******130.00 ****130.00**

TITLE
NAME
S
Green, James L.
STREET ADDRESS
5880 49th Street N., Ste N-204
CITY, ST, ZIP
St. Petersburg, FL 33709

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP
S/D
Green, James L.
5880 49th Street N, Ste N-204
St. Petersburg, FL 33709

TITLE
NAME
T/D
Wise James N.
STREET ADDRESS
13490 Walsingham Road
CITY, ST, ZIP
Largo, FL 34644

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

25 TITLE
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

29 TITLE
30 NAME
31 STREET ADDRESS
32 CITY, ST, ZIP

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 113.07(3)(b), Florida Statutes. Further, I certify that the information included 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 an officer or director of the corporation or the incorporator or trustee empowered to make the 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.

SIGNATURE: *James L. Green* James L. Green, Secretary

4/29/95 813
572-2833