FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE GORPORATION ANNUAL REPORT Sandra B Mortham Secretary of State 1996 MISION OF COMPORATIONS N95000002208 (5) **DOCUMENT** # THE LONDON BUS, INC. Principal Place of Business Mailing Address P.O. BOX 123 P.O. BOX 123 HASTINGS FL 32145 HASTINGS FL 32145 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1995 2. Principal Place of Business 2a. Mailing Address 21 FEt Number 26 Applied For Suite, Apt. #, etc Suite, Apt. #, etc. Not Applicable 22 Certificate of Status Desired 27 \$8.75 Additional City & State Fee Required City & State 23 6. Election Campaign Financing 28 \$5.00 May Be Zκο Trust Fund Contribution Country Added to Fees Z_{10} Country 24 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes ☐ Yes 🗹 No 10. Name and Address of New Registered Agent Name BRIGGS, HARRY D Street Address (P.O. Box Number is Not Acceptable) 4 6234 MAIN STREET, CR 13 . HASTINGS FL 32145 83 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Zip Code Signature, typed or printed name of registered agent and the if applicable (NOTE_Prograture) Agent signature required when reinstatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (12/95) DELETE 1.1 TIFLE NAME Change notified 1.2 NAME STREET ADDRESS CR2E037 13 STREET ADDRESS CITY - ST - ZIP 14 CITY - ST- ZIP TITLE DELETE 2 1 TITLE NAME Change ☐ Addition 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE NAME Change ☐ Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4 1 TIFLE NAME ☐ Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CHTY - ST - ZIP TITLE DELETE 5 1 TITLE NAME ☐ Change ☐ Addition 700001914407 -08/06/96--01157--002 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP ***70.00 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPEO OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR