FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000005517 (6)

C.F. STRONG SCHOOL BUS CONTRACTORS, INC.

Principal Place of Business Mailing Address 2804 MAJESTIC CYPRESS DRIVE WEST 2004 MAJESTIC CYPRESS DRIVE WEST ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 2a. Mailing Address 21 26

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/25/1993 4. FEI Number Applied For 59-3161142 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 20 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STRONG, CHARLES F. 2804 MAJESTIC CYPRESS DRIVE WEST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32233 83 84 City Zip Code 85 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, typed or profiled name of registered agent and the if applicable (NOTE: Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1 1 TITLE STRONG, CHARLES F. CR2E034 NAME 1.2 NAME 2804 MAJESTIC CYPRESS DRIVE WEST STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 21 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with

SIGNATURE:

4-23-98