Apr 16, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005517

1. Corporation Name

C.F. STRONG SCHOOL BUS CONTRACTORS, INC.

| Principal Place of Business Mailing Address  |   |                                   |                                  |                    |                                 |  | 11 estil 68191 | B1141 E11B1 | (181) 184) (88) |
|--|---|-----------------------------------|----------------------------------|--------------------|---------------------------------|--|----------------|-------------|-----------------|
| 2804 MAJESTIC  | CYPRESS DRIVE WEST  |                                   | 2804 MAJESTIC CYPRESS DRIVE WEST |                    |                                 |  |                |             |                 |
| ATLANTIC BEAC  | CH FL 32233   | ATLANTIC BEACH FL 32233<br>US     |                                  |                    | DO NOT WRITE IN THIS SPACE      |  |                |             |                 |
| US   |   | US .                              |                                  |                    |                                 | 3. Date Incorporated or Qualifed                           |                |             |                 |
|  |   |                                   |                                  |                    |                                 | 01/25/1993   |                |             | į               |
| 2. Principal P   | lace of Business  | 2a. Mailing Address               |                                  |                    | <del>-</del>                    | 4. FEI Number  |                | Ap          | plied For       |
| 21   |   | 26                                |                                  |                    |                                 | 59-3161142   |                | No          | t Applicable    |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.               |                                  |                    | 5. Certifcate of Status Desired | , 4  |                | Additional  |                 |
| 22   |   | 27                                |                                  |                    | 3. Definition of Guida Boomed   | <u> </u>   | Fee Re         | <del></del> |                 |
| City & State   |   | City & State                      |                                  |                    | 6. Election Campaign Financing  |  | \$5.00         |             |                 |
| 23   |   | 28                                | Count                            |                    |                                 | Trust Fund Contribution                                    |                | Added t     | o Fees          |
| Zip  |   |                                   | Country 30                       |                    |                                 | This corporation owes the current y Personal Property Tax. |                | Yes         | MNo             |
| 24   | 25 25 25 25 25 25 25 25 25 25 25 25 25 2                      |                                   | 30]                              |                    |                                 | 10. Name and Address of New Regis                          |                |             | 4               |
|  | 9. Name and Address of Curren                                 | t Registered Agent                | 81                               |                    | Name                            | TO. Italia and Addition of the Angel                       |                |             |                 |
| STRONG, CHARLES F.   |   |                                   |                                  | $\perp$            |                                 | (D.O. D. N. L. L. Net Assessed level)                      |                |             |                 |
| 2804   | MAJESTIC CYPRESS DRIVE WE                                     | ST                                | 82                               | '   '              | Street Addre                    | Address (P.O. Box Number is Not Acceptable)                |                |             |                 |
| JACH   | (SONVILLE FL 32233  |                                   | 83                               | 3                  |                                 |  |                |             | -               |
|  |   |                                   | 0.4                              | Ļ                  | 0:4:                            |  |                | 35 Zip (    | Code            |
| Pursuant to the provisions of Sections 607.0502 and 607:1508, Florida office or registered agent, or both, in the State of Florida. Such change of the control of the |   |                                   | 84                               | _                  | City                            |  | .FL [          |             |                 |
| agent. I a<br>SIGNATURE  | m familiar with, and accept the obligation of registered ager | tions of, Section 607.0505, Floti | rda Statute:                     | <b>.</b>           | signature required              |  | ATE            |             |                 |
| 12.  |   | OFFICERS AND DIRECTORS            |                                  | 13.                |                                 | ADDITIONS/CHANGES TO OFFICE                                |                |             |                 |
| TITLE  | PST DELETE  |                                   | 1.1 TITLE                        | 1.1 TITLE          |                                 |  |                | ] Change    | Addition        |
| NAME STRONG, CHARLES F.  |   |                                   | 1.2 NAME                         |                    |                                 |  |                |             | ĺ               |
| STREET ADDRESS 2804 MAJESTIC CYPRESS DRI   |   | ve west                           | 1.3 STREET ADDRESS               |                    | DDRESS                          |  |                |             | }               |
| CITY-ST-ZIP  | ATLANTIC BEACH FL 32233                                       |                                   |                                  | 1.4 CITY-ST-Z      |                                 |  |                | Change      | Addition        |
| TTILE  | <del>-</del> <b>L</b>   |                                   | 4                                | 2.1 TITLE          |                                 |  | L              | I Change    | Addition }      |
| NAME   |   |                                   | 2.2 NAME                         |                    |                                 |  |                |             |                 |
| STREET ADDRESS   |   |                                   | 2.3 STREET ADDRESS               |                    | l                               |  |                |             | Ţ               |
| - CITY-ST-ZIP  |   |                                   |                                  | .2.4 CITY-ST-ZIP   |                                 |  |                | Change      | Addition        |
| TITLE  |   |                                   |                                  | 3.2 NAME           |                                 |  |                | -           |                 |
| NAME<br>STREET ADDRESS   |   |                                   | 1                                | 3.3 STREET ADORESS |                                 |  |                |             | ł               |
| CITY-ST-ZIP  | i I   |                                   |                                  | 3.4. CITY- ST- ZIP |                                 |  |                |             |                 |
| TITLE  |   | ☐ DELETE                          | 4.1 TITLE                        |                    |                                 |  |                | Change      | Addition        |
| NAME   |   |                                   | 4. 2 NAME                        |                    |                                 |  |                |             | +               |
| STREET ADDRESS   |   |                                   | 4.3 STREE                        | ET A               | ODRESS                          |  |                |             | ì               |
| CITY-ST-ZIP  |   |                                   | 4.4 CITY-                        | 4.4 CITY-ST-ZIP    |                                 |  |                |             |                 |
| TITLE  |   |                                   | 5.1 TITLE                        |                    |                                 |  |                | ] Change    | Addition .      |
| NAME   |   |                                   | 5.2 NAME                         | F                  |                                 |  |                |             |                 |
| STREET ADDRESS   | (   |                                   | 5.3 STREE                        |                    | 1                               |  |                |             |                 |
| C11Y-S1-Z4P  |   |                                   | 5.4 CITY-ST-ZIP                  |                    |                                 |  | 1 Change       | Addition    |                 |
| TITLE  | j   | ☐ DELETE                          | 6.1 TITLE                        |                    | ı                               |  | L              | Change      | ☐ Addition      |

CITY-ST-ZIP 14. 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS