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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000009243 (5)

SUNCOAST TRANSPORTATION SERVICES, INC. Principal Place of Business Mailing Address 2298 66TH AVENUE NORTH 2298 66TH AVENUE NORTH ST. PETERSBURG FL 33702-5640 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1993 03/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3165614 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSTON, JAMES G 2298 66TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 63 City 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, type dior printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition TIBLE 11 TITLE JOHNSTON, JAMES GARTH NAME 1.2 NAME 2298 66TH AVENUE, NORTH STREET AFFORESS 1.3 STREET ADDRESS ST. PETERSBURG FL CHY- \$1 - 7/P 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 TITLE NAM: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CU Y - \$1 - 7-F 2.4 CITY-ST-ZIP DELETE Change ___ Addition 1000 31 TITLE MM3 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST 26 DELETE Title 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 001Y-51 Z0 4 4 CITY-ST-ZIP DELETE Change Addition Title 5.1 TITLE NAME 52 NAME \$18EE1 ADDRESS 5.3 STREET ADDRESS CHY-SU-ZIE 5.4 CITY-ST-ZIP DELETE THE 6.1 TITLE Change Addition HAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS

0372696

FILED

Apr 09 1997 8:00am

Secretary of State