

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P93000028903 (1)**

1. Corporation Name

V.I.P. WHEELCHAIR TRANSPORT, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/20/19933a. Date of Last Report
04/05/19944. FEI Number
59-3182401Applied For
Not Applicable

5. Certificate of Status Declared

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ NoPrincipal Place of Business
**5880 - 49TH ST., N.
N-204
ST. PETERSBURG FL 33709
US**Mailing Address
**2950 SABER DR
CLEARWATER FL 34619**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, JAMES L
2950 SABER DR
CLEARWATER FL 34619**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DP
GREEN, JAMES L
2950 SABER DR
CLEARWATER FL**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DV
GREEN, BARBARA P
2950 SABER DR
CLEARWATER FL**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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.

SIGNATURE:

James L. Green President
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR*James L. Green**4/26/95**713-522-2873*