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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049476 (3)**

1. Corporation Name

FUN BUS COMPANY

Principal Place of Business	Mailing Address
5530 W ATLANTIC AVE DELRAY BEACH FL 33484	5530 W ATLANTIC AVE DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: 07/08/1993
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business
21: 722 NORTH 8TH ST.
22: Suite, Apt. #, etc:
23: City & State: LANTANA FLORIDA
24: Zip: 33462
25: Country: USA

2a. Mailing Address
26: 722 NORTH 8TH ST.
27: Suite, Apt. #, etc:
28: City & State: LANTANA FLORIDA
29: Zip: 33462
30: Country: USA

4. FEI Number: 59-3193260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, ERIC D
1799 BANYAN CREEK CIR N
BOYNTON BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name: BOLTON, ANDREA L
82 Street Address (P.O. Box Number is Not Acceptable): 722 N. 8TH ST.
83:
84 City: LANTANA FL 85 Zip Code: 33462

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: ANDREA L BOLTON, P. Andrea L Bolton DATE: 5/20/96
Signature, typed or printed name of Registered Agent and title if applicable — N. B. Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERSON, ERIC D 1799 BANYAN CREEK CIR W BOYNTON BHC FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P BOLTON, ANDREA L 722 N. 8TH ST. LANTANA FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETERSON, CAMMIE D 1799 BANYAN CREEK CIR N BOYNTON BCH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP BOLTON, JOEL D 722 N. 8TH ST. LANTANA FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Andrea L Bolton ANDREA L BOLTON 5/20/96 (407)533-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #