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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Blog

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058616 (2)

CAPE CORAL TRANSPORTATION, INC.

| 4705 VINCENNES BLVD. UNIT #3 CAPE CORAL FL 33904 | | P O BOX 689 CAPE CORAL FL 33910-0689 US | | | | | | | | |
|--|--|--|-----------------------------|---|--|--|-------------------------------|-----------------------------------|----------------------------|--|
| | | | | | | Date Incorporated or Qualified 06/20/1993 | | te of Last R 1/1996 | eport | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | Mailing Address | | | 4. FEI Number | | Ar | plied For | |
| 21 | | 26 | | | | 65-0429446 Not Applicable | | | t Applicable | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State |) | City & State | F 1 | | | Election Campaign Financing Trust Fund Contribution | g \$5.00 May Be Added to Fees | | | |
| Zip 24 | Country 25 | Z ip 29 | 30 Coun | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| SIRB | AUGH, JERRY L. | | i | 81 | Name | | | | | |
| 3822 S.W. 5TH PLACE CAPE CORAL FL 33914 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | ļ | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | |
| office or re agent. Lai SIGNATURE | ogistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such change was gations of, Section 607.0505, f | s authorize Florida Stal | d by tutes | the corpora s. | rporation submits this statement for the pr ation's board of directors. I hereby accep | t the appo | changing i bintment as | s registered registered | |
| | | | | | rit signature req | uired when reinstating) | DATE | DIOCOTO | 30 101 40 | |
| 12. | | | | 13. | | ADDITIONS/CHANGES TO OFFIC | ENS AND | Change | Addition | |
| TIFLE | SIRBAUGH, JERRY L | | 121 | | İ | | | CT AutuRe | C. J. Addition | |
| NAMI | 3822 S.W. 5TH PLACE | | | | 1000000 | | | | | |
| STREET ADDRESS | CAPE CORAL FL 33914 | | 1 | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | | |
| CITY-ST-ZIP TITEE | S DE | | | | 1-212 | = | | Change | Addition | |
| NAME | HITON, DONALD E | DE PETETE | | 2.1 TITLE 2.2 NAME | | | | CTT Outside | LLI FOGULOR | |
| STREET ADDRESS | 1456 WALDEN OAKS PLACE | | 1 | | ADDBCCC | | | | | |
| | PLANT CITY FL 33566 | | | 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP | | • | | | | |
| COY-ST-ZIP TITLE | T | DELETE | 3.1 TITLE | | 31-217 | | | Change | Addition | |
| NAME. | CRUM, ROBERT W | L. Dieter | 3.2 NAM 3.3 STR | | | | | | 7.00.007 | |
| STREET ADDRESS | 127 HICKORY CREEK BLVD. | | | | ADDRESS | | | | | |
| CHY-ST-ZIP | BRANDON FL 33511 | | | | | | | | | |
| 1011-21-20 | DELETE | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | Change | Addition | |
| NAME | | | 4.2 N | | | | | | | |
| STREET ADDRESS | 1 | | | | ADDRESS | | | | ļ | |
| CITY-SE ZIP | | | | ST-ZIP | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | | Change | Addition | |
| NAME | | | 5.2 NAME | | | | | | . | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| OTY - ST- ZIP | | | 1 | | ST-ZIP | | | | | |
| THILE | | DELETE | 6.1 Ti | | 11 - 411 | | | Change | Addition | |
| NAME | | | 6.2 N | | | • | | ~ | | |
| STREET ADOPESS | | | 4 | | ADDRESS | | | | | |
| SINITE HUSPESS | | | 0.3 \$ | in([l | MUNICOO | | | | | |

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 efficer or director of the proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name