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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90047 026 ***150.00

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DOCUMENT #	P93000088274
1. Corporation Name	1 0000000027 1

RAPID TRANSIT SALES, INC.

Principal Place	e of Business	Mailing Address				-	11 10 111 10 101	 	4511 1101 1001
3632 US HWY		3632 US HWY 92							ng enge e -
SUITE 2 SUITE 2									, ,,
LAKELAND FL 33801 LAKELAND FL 33801						DO NOT WRIT	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 12/20/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26		_		59-3231187		No	t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing		\$5.00	
City & State City & State 28						Trust Fund Contribution		Added t	
Zip	Country	Zip	Countr	у У		8. This corporation owes the curr	ent year Int	angible	
24	25	29	0	-		Personal Property Tax.	•		□No
	9. Name and Address of Current					10. Name and Address of New F	Registered	Agent	
			81	Nam	е				
	GOLA, JAMES L		82	Stre	et Addre	ss (P.O. Box Number is Not Accepta	able)		
	2 US HWY 92		L						· ·
SUIT			83	3		• 1			{
LAKI	ELAND FL 33801		84	City		<u> </u>	FL	85 Zip (Code
	to the provisions of Sections 607.0502	0 CO7 4500 Florid- Statute	the abou	10.000	nd corne	ration submits this statement for the		changing its	registered
office or r	egistered agent or both in the State o	of Florida. Such change was auth	horized bi	tha ca	moration	's board of directors. I hereby accer	ot the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statute	\$. \$.	poralia				
agent. I a	Imfamiliar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statute	s .	_	3 . T =			
agent. I a	in familiar with, and accept the obligat	t and title if applicable. (NOTE: Re	ia Statute	s .	_	yhen reinstating) -	DATE	· 	
agent. I a	Imfamiliar with, and accept the obligat	t and title if applicable. (NOTE: Re	egistered Ag	S. ent signatu	_	3 . T =	DATE	· 	
agent. I a SIGNATURE 12.	of familiar with, and accept the obligate superfure, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: Ro D DIRECTORS	egistered Age	S. ent signatu	_	when reinstating)	DATE	ID DIRECTO	RS IN 12
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14. I 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 it changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #