FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004535 (8)

1. Corporation Name
A PLUS WHEELCHAIR TRANSPORTATION SERVICE, INC.

Principal Place of Business	Mailing Address
3540 COUNTRYBROOK LN D-23 PALM HARBOR FL 34684	3540 COUNTRYBROOK LN D-23 PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3149 Harvest Moon Dr.	26 3149 Harvest Moon Dr.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Palm Harbor, Fl.	City & State 28 Palm Harbor, Fl.
Zip 24 34683 Country 25 PINELLAS	Zip 29 34683 Country 30 PINELLAS

4. FEI Number: 59322-0015 ☐ 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

RIVELLI, SUSAN
3540 COUNTRYBROOK LN D-23
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name: RIVELLI, SUSAN V.
82 Street Address (P.O. Box Number is Not Acceptable): 3149 Harvest Moon Drive
83
84 City: Palm Harbor FL 85 Zip Code: 34683

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	Director ☒ Change ☐ Addition
NAME	RIVELLI, SUSAN	1 2 NAME	RIVELLI, SUSAN V.
STREET ADDRESS	3540 COUNTRYBROOK LN D-23	1 3 STREET ADDRESS	3149 Harvest Moon Dr.
CITY ST ZIP	PALM HARBOR FL 34684	1 4 CITY ST ZIP	Palm Harbor, Fl 34683
TITLE		2 1 TITLE	President ☐ Change ☒ Addition
NAME		2 2 NAME	DiMARIA, JACK
STREET ADDRESS		2 3 STREET ADDRESS	108 Sunrise Drive
CITY ST ZIP		2 4 CITY ST ZIP	Palm Harbor, Fl 34683
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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: Susan V. Rivelli Susan V Rivelli 4-10-95 813-784-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0367196 CP