

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # *P94000004535*

1. Corporation Name

A PLUS WHEELCHAIR TRANSPORTATION SERVICES, INC.

Principal Place of Business

3149 Harvest Moon Drive
Palm Harb or, FL 34683

Mailing Address

same

3. Date Incorporated or Qualified
1/20/1994

3a. Date of Last Report
2/15/1996

2. Principal Place of Business

21 36440 U.S. 19 North

Suite, Apt. #, etc

22 Building 2

City & State

23 Palm Harbor, Florida

Zip

24 34684

Country

25 USA

2a. Mailing Address

26 36440 U.S. 19 North

Suite, Apt. #, etc.

27 Building 2

City & State

28 Palm Harbor, Florida

Zip

29 34683

Country

30 USA

4. FEI Number

59-3220015

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
3149 Harvest Moon Drive
Palm Harbor, FL 34683

10. Name and Address of New Registered Agent

81 Name
Seymour A. Gordon
82 Street Address (P.O. Box Number is Not Acceptable)
699 First Avenue North
83
84 City
St. Petersburg FL 85 Zip Code
33701

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

9/12/97

Signature, typed or printed name of registered agent and this application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	DIMARIA, JACK	108 Sunrise Drive	Palm Harbor, FL	<input checked="" type="checkbox"/>
D	RIVELLI, SUSAN	3149 Harvest Moon Drive	Palm Harbor, FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/D	STANLEY, MARIAN J.	7027 Waxwing Drive	New Port Richey, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/S/D	BECKERMAN, MILTON B.	14001 Miramar Avenue	Madeira Beach, FL 33708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	BECKERMAN, BERNICE SMITH	14001 Miramar Avenue	Madeira Beach, FL 33708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Marian J. Stanley* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-97

Date

813-784-1990

Daytime Phone #

CR2E034 (9/96)