

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90176 025 \*\*\*150.00

DOCUMENT # P94000004535

1. Corporation Name

A PLUS WHEELCHAIR TRANSPORTATION SERVICE, INC.

Principal Place of Business

36440 U.S. 19 NORTH  
BUILDING 2  
PALM HARBOR FL 34684  
US

Mailing Address

36440 U.S. 19 NORTH  
BUILDING 2  
PALM HARBOR FL 34684  
US

2. Principal Place of Business

21 34068 US 19 North

Suite, Apt. #, etc.

22

City & State

23 PALM HARBOR, FL

Zip

24 34684

Country

25 USA

2a. Mailing Address

26 34068 US 19 North

Suite, Apt. #, etc.

27

City & State

28 PALM HARBOR, FL

Zip

29 34684

Country

30 USA

9. Name and Address of Current Registered Agent

GORDON, SEYMOUR A  
699 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

01/20/1994

4. FEI Number

59-3220015

Applied For  
No 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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

Signature, typed or printed name of registered agent and title if applicable.

(NO: If Registered Agent signature required when reinstating

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
STANLEY, MARIAN J  
7027 WAXWING DRIVE  
NEW PORT RICHEY FL 34683

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPSD  
BECKERMAN, MILTON B  
14001 MIRAMAR AVENUE  
MADEIRA BEACH FL 33708

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
BECKERMAN, BERNICE SMITH  
14001 MIRAMAR AVENUE  
MADEIRA BEACH FL 33708

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

727-784-1990

CR2E034 (11/98)

0592818