

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # P94000011585 (4)

1. Corporation Name

TROLLEY SYSTEMS OF AMERICA, INC.

Principal Place of Business

Mailing Address

141 AVENIDA VENECCIA
SIESTA KEY/ SARASOTA FL 34242
US

141 AVENIDA VENECCIA
SIESTA KEY/ SARASOTA FL 34242
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 141 AVENIDA VENECCIA

2a. Mailing Address

26 141 AVENIDA VENECCIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 SIESTA KEY SARASOTA

Zip

24 34242

Country

25 US

City & State

28 SIESTA KEY SARASOTA

Zip

29 34242

Country

30 US

9. Name and Address of Current Registered Agent

VOIGHT, STEPHEN F
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PV
STREET ADDRESS CREMEANS, GARY E.
CITY-ST-ZIP 615 BEACH RD. #3-B
SIESTA KEY SARASOTA FL

TITLE ☐ DELETE

NAME TS
STREET ADDRESS CREMEANS, BRENDA A
CITY-ST-ZIP 615 BEACH RD. #3-B
SIESTA KEY SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS ADDRESS

1.4 CITY-ST-ZIP 141 AVENIDA VENECCIA

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ADDRESS

2.3 STREET ADDRESS 141 AVENIDA VENECCIA

2.4 CITY-ST-ZIP SIESTA KEY SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: Brenda A. Cremeans BRENDA A CREMEANS 4/30/98(941)346-3115

CR2E034 (10/97)