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

DOCUMENT # P94000032261

1. Corporation Name

PATE BUS SERVICE, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90044 024 ***150.00

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Principal Place	e of Business	Mailing Address		•		2 (Saftfall ind call) didit dallt ann ann anna trea inn ann ann
3596 CLIFFORD	LANE	3596 CLIFFORD LA	NE			
JACKSONVILLE		JACKSONVILLE FL	32209			DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed
						04/25/1994 4. FEI Number Applied For
2. Principal Pl	lace of Business	2a. Mailing Addres	iS			
21		26				59-3251470 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		27 City & State				
City & Stat	. · · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28	C	ountry		This corporation owes the current year Intangible
Zip		⊢ •	30	ounin y		Personal Property Tax.
24	9. Name and Address of Curre	29	30	\top		10. Name and Address of New Registered Agent
	5. Name and Address of Curre	ilit Kegisteled Agein		81	Name	
PATI	E, BERTA M					
	CLIFFORD LANE			82	Street A	Address (P.O. Box Number is Not Acceptable)
	KSONVILLE FL 32209			83	<u></u>	
undi	NOONNEED I'E GEEGG			1	Ì	
				84	City	FL 85 Zip Code
		00 1 007 4500 Florida	Ctatutas the		nomod s	corporation submits this statement for the purpose of changing its registered
office or f	edistared agent or both in the State	a of Florida. Such chande	e was authonz	ea by	the corpor	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida St	atutes		
SIGNATURE						equired when reinstating) OATE
	Stgnature, typed or printed name of registered ag		(NOTE: Registe		nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS		TITLE	Т	Change Addition
TITLE	D DATE MULLE A			NAME		
NAME	PATE, WILLIE A					
STREET ADDRESS	3596 CLIFFORD LANE				TADDRESS	·
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	{ D			TITLE		
NAME	PATE, BERTA M		D	NAME		
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64 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, with all other like empowered. CITY-ST-ZIP