

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000040542 (0)**

1. Corporation Name

INDEPENDENT COMMUNITY TRANSPORT, INC.



Principal Place of Business 2020 S COMBEE RD #19 LAKELAND FL 33801 US	Mailing Address P. O. BOX 6395 NA LAKELAND FL 33807 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1994	
21		26		4. FEI Number 59-3252029	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**WOLFE, STEVEN MICHAEL
321 IMPERIAL BLVD., #178Q
LAKELAND FL 33803**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PA	1.1 TITLE	PRESIDENT
NAME	WOLFE, STEVEN M	1.2 NAME	WOLFE, STEVEN MICHAEL
STREET ADDRESS	321 IMPERIAL BLVD #178Q	1.3 STREET ADDRESS	680 AVE E SE
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	TS	2.1 TITLE	
NAME	FREDERICK, LAWRENCE J	2.2 NAME	
STREET ADDRESS	321 IMPERIAL BLVD #178Q	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	FREDRICK, LAWRENCE J	3.2 NAME	
STREET ADDRESS	4719 SHEPERD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 to this report.

SIGNATURE:

CR2E034 (10/97)