FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

ACCEPTED AND FILED

95 MAY -1 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059245 (8)**

1. Corporation Name
COMFORT TRAVEL TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
8502 NO. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	8502 NO. ATLANTIC AVENUE CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 209 Holman Rd.	26 209 Holman Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Canaveral FL	City & State 28 Cape Canaveral FL
Zip / Country 24 32920 / 25 Brevard	Zip / Country 29 32920 / 30 Brevard

4. FEI Number: 55-3301653 ☐ 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	10. Name and Address of New Registered Agent
MEONI, ROSEMARIE 102 COLUMBIA DRIVE STE. 203 CAPE CANAVERAL FL 32920	81 Name: DEBORAH GARTLEY 82 Street Address (P.O. Box Number is Not Acceptable): 209 HOLMAN RD 83 84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

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: Deborah Gartley — 4/29/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARTLEY, DEBORAH 8502 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	209 Holman Rd. Cape Canaveral FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARTLEY, MARK 8502 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	209 Holman Rd. Cape Canaveral FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Deborah Gartley — 4/29/95 — 407-799-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

007321M CP