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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000080253 (5)  
1. Corporation Name  
UNIVERSITY CHARTER BUS COMPANY



Principal Place of Business

1504 N.E. 5TH PLACE  
GAINESVILLE FL 32641

Mailing Address

1504 N.E. 5TH PLACE  
GAINESVILLE FL 32641-3521

3. Date Incorporated or Qualified  
10/31/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 697 S. E. 15th Dr

27 Suite, Apt. #, etc.

28 Gainesville FL  
29 32641 30 ALACHUA

4. FET Number  
59-3280136

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

FRANK GAINNEY  
1504 NW 5TH PLACE  
GAINESVILLE FL 32641

10. Name and Address of New Registered Agent

81 Name FRANK GAINNEY

82 Street Address (P.O. Box Number is Not Acceptable)  
697 S.E. 15th DR.

83

84 City Gainesville FL 85 Zip Code 32641

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

TITLE D  
NAME FRANK GAINNEY  
STREET ADDRESS 1504 NE 5TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME LEONARD GAINNEY  
STREET ADDRESS 1504 NE 5TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME KENNETH SMITH  
STREET ADDRESS 1507 NE 5TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FRANK GAINNEY  
1.2 NAME  
1.3 STREET ADDRESS 697 S. E. 15th Dr  
1.4 CITY-ST-ZIP Gainesville FL 32641

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

14. I do 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:

*[Signature]*

2-1-97

352-373-5365

CR2E034 (9/96)