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

APPROVED AND FILED

95 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085496 (5)**

1. Corporation Name
ORANGE TRANSPORTATION CORPORATION

Principal Place of Business	Mailing Address
POST OFFICE BOX 568245 ORLANDO FL 32856	POST OFFICE BOX 568245 ORLANDO FL 32856

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-3279962** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAW, PAMELA N
645 W. MICHIGAN STREET
ORLANDO FL 32856

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	D/P ☐ Change ☒ Addition
2 NAME	BURDEN, RANDY O	2 NAME	
3 STREET ADDRESS	1611 S. SUMMERLIN AVENUE	3 STREET ADDRESS	
4 CITY ST ZIP	ORLANDO FL 32806	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	D/VP ☐ Change ☒ Addition
2 NAME	HOOKER, DOUGLAS P	2 NAME	
3 STREET ADDRESS	5511 HANSEL AVENUE	3 STREET ADDRESS	
4 CITY ST ZIP	ORLANDO FL 32809	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	D/VP ☐ Change ☒ Addition
2 NAME	HANFORD, THOMAS J	2 NAME	
3 STREET ADDRESS	2565 S. OCEAN BOULEVARD, 306 NORTH	3 STREET ADDRESS	
4 CITY ST ZIP	HIGHLAND BEACH FL 33487	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	D/VP ☐ Change ☒ Addition
2 NAME	MAXWELL, JOHN W	2 NAME	
3 STREET ADDRESS	6550 N.W. 83RD TERRACE	3 STREET ADDRESS	
4 CITY ST ZIP	PARKLAND FL 33067	4 CITY ST ZIP	
1 TITLE		1 TITLE	ST ☐ Change ☒ Addition
2 NAME		2 NAME	Shaw, Pamela N
3 STREET ADDRESS		3 STREET ADDRESS	2901 S. Osceola St.
4 CITY ST ZIP		4 CITY ST ZIP	Orlando, FL 32806
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Pamela N. Shaw Sec/Treas 4-27-95 (407)426-8252
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pamela N. Shaw

0005605 CP