

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089743
1. Corporation Name

Dade City Para-Transit, Inc.

Principal Place of Business Mailing Address
437 N. 7th Street P.O. Box 1332
Dade City, FL Dade City, FL 33525

3. Date Incorporated or Qualified 12/12/94
3a. Date of Last Report 7/13/95
4. FEI Number 65-0566899 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 P.O. Box 1332
22 City & State 27 Suite, Apt. #, etc
23 City & State 28 Dade City, FL
24 Zip 25 Country 29 Zip 30 Country
33525 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Aaron J. Gold
704 West Bay Street
Tampa, FL 33606

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 of registered agent or authorized agent (if applicable) (If 301 Registered Agent signature required when not on file)

DATE

12. OFFICERS AND DIRECTORS
TITLE Pres/Sec/Treasurer/Dir. DELETE
NAME Lucille Ann Floyd
STREET ADDRESS 38021 Shadow Dr.
CITY-ST-ZIP Dade City, FL 33523

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Pres/Sec./Treasurer/Dir.
12 NAME Lucille Ann Floyd
13 STREET ADDRESS 38021 Shadow Dr.
14 CITY-ST-ZIP Dade City, FL 33523

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucille Ann Floyd, President

(352) 567-5311

6-27-96

CR2E034 (3/96)