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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021615

MARCO ISLAND BUS TLIMO SERVICE IM

## **FILED** Mar 19 1998 8:00am Secretary of State

| Principal Pla  | ice of Business  | Mailing Addr <b>∉</b> ss     |                  |                        |  |  |
|----------------|--|------------------------------|------------------|------------------------|--|--|
|                |  |                              |                  |                        |  |  |
|                |  |                              |                  |                        | DO NOT WRITE IN  | THIS SPACE   |
|                |  |                              |                  |                        | 3. Date incorporated or Qualified  | · ·  |
| 1183 K         | VINTERBERRY Place of Business #, etc   | DR. MARCO IS.                | LAND             | FL-3419                | 4. FEI Number  | 1 1 1 2 2 2 2 2  |
| 2. Principal i | Frace or Business  | 2a. Mailing Address          | 00               | DENILE                 | 4. FEI NUMBER  | Applied For<br>Not Applicable                            |
| Suite, Apt     | t # pic  | Suite Apl # etc              | 113_1            | POUL                   | 65-0573206   | \$9.75 Additional  |
|                |  | 27                           |                  |                        | 5. Certificate of Status Desired   | Fee Required   |
| City & Sia     | CO ISLANO  | City & State                 |                  |                        | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23 3414        | IS CALLER  | 28                           |                  |                        | Trust Fund Contribution  | Added to Fees  |
| Žip            | COLLIER Country  | Zip                          |                  |                        | 8. This corporation owes or has paid th  |  |
| 24 341         | 25   | 29                           | 30               |                        | Personal Property Tax due June 30.   | ☐ Yes ☐ No   |
| ,              | 9. Name and Address of Curre   | nt Registered Agent          |                  |                        | 10. Name and Address of New Regist   | ered Agent   |
| RAL            | Ph SMITH<br>WINTERBERRY<br>CO TSLAND FL.   |                              | 8                | 1 Name                 |  |  |
| 11.03          | WINTERBERRY  | DR.                          | 8                | 2 Street Ado           | iress (P.O. Box Number is Not Acceptable)  | <del></del>  |
| // 63.         | CIAND FL.  | 34145                        | "                | 2 Sireer Add           | Mess (1.0. Dux Mulliber is Not Acceptable)   | ;  |
| MARC           | 00 73-111  |                              | 8                | 3                      |  |  |
|                |  |                              | <u> </u>         | 1 0                    |  | 1  |
| 5              |  |                              | 8                | 4 City                 |  | FL 85 Zip Code   |
| office or      | t to the provisions of Sections 607.051<br>registered agent, or both, in the State<br>am familiar with, and accept the oblig | e of Horida. Such change was | authorized b     | ov the corpora         | poration submits this statement for the purp<br>tion's board of directors. I hereby accept the | ose of changing its registered appointment as registered |
| SIGNATURE      | Signature typical or protect name of togeth resting  | pod pro vde Lagyleable (NC   | Off Registered A | gent signature requ    | ered when reinstating) D   | Alé  |
| 12.            |  | VD DIRECTORS                 | 13.              |                        | ADDITIONS/CHANGES TO OFFICERS  |  |
| TITLE          | PRESEDENT  | DELETE                       | 1.1 THEE         |                        |  | ☐ Change ☐ Addition                                      |
| NAME           | RALPH W. SIMIT   | ODV DR.                      | 1.2 NAME         |                        |  |  |
| STREET ADDRESS |  |                              | 1.3 STACE        | ET ADDRESS             |  |  |
| CITY-S1-ZIP    | MARCO TILAND   | FL. 34145                    | 1.4 C/TY         | ST-ZIP                 |  |  |
| TITLE          | MARCO TSLAND<br>MADELINE J. S.   | MITH DELETE                  | 21 TITLE         |                        |  | Change Addition  |
| NAME           | SECRETARY  |                              | 2.2 NAM(         | :                      |  |  |
| STREET ADDRESS | SECRETARY<br>1183 WINTERBEI  | PRY DK                       | 2.3 STREE        | et address             |  |  |
| CITY-ST-ZIP    | MARCO TSKAND   | Fl. 34145                    | 2 4 C/TY         | - S1 - 21 <sup>p</sup> |  |  |
| TITLE          |  | ☐ DFLETE                     | 3.1 TITLE        |                        |  | Change 📮 Addition  |
| NAME           |  |                              | 3.2 NAME         | :                      |  |  |
| STREET ADDRESS |  |                              | 3.3 STHE         | T ADDRESS              |  |  |
| CITY-ST-ZIP    |  |                              | 3.4. CITY        | · ST - ZiP             |  |  |
| TITLE          |  | ☐ DELETE                     | 41 TILLE         |                        |  | ☐ Change ☐ Addition                                      |
| NAME           |  |                              | 4. 2 NAMI        | E                      |  |  |
| STREET ADDRESS |  |                              | 4.3 STREE        | 1 ADDRESS              |  |  |
| CITY-ST-ZIP    |  |                              | 44 C-TY-         | ST-ZIP                 |  |  |
| TITLE          |  | ☐ DELETE                     | 5 1 TITLE        | T                      | 800002463  | = - €bange   |
| NAME           |  |                              | 5 2 NAME         | }                      | -03/20/9801028   | n31  |
| STREET ADDRESS |  |                              | 5.3 STREE        | T ADDRESS              | ***150.80  | , 001  |
| CITY-S1-7IP    |  |                              | 5.4 CITY-        | S1-ZIP                 | <u> </u>   |  |
| TITLE          |  | ☐ DELETE                     | 617/118          |                        |  | ☐ Change ☐ Addition                                      |
| NAME           |  |                              | 6.2 NAME         | )                      |  | DC   |
| STREET ADDRESS |  |                              | 6.3 STREE        | 1 ADDRESS              |  | 10   |
| CITY-ST-ZIP    |  |                              | 6 4 CITY         | ST-ZIP                 |  | 3.19   |
| U.F. U. Ell    | <u> </u>   |                              |                  |                        |  |  |

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

Smith 3-3.98 941-642.3972