

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000048982 (9)

1. Corporation Name

ASSOCIATED TRANSPORTATION OF FLORIDA, INC.



Principal Place of Business

5021 GATEWAY AVENUE  
ORLANDO FL 32821

Mailing Address

5021 GATEWAY AVENUE  
ORLANDO FL 32821

3. Date Incorporated or Qualified  
06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10381 Orangewood Blvd

26 10381 Orangewood Blvd.

4. FEI Number  
59-3325816

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 Orlando, FL XXXXX

28 Orlando, FL XXXXX

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 32821 25 USA

29 32821 30 USA

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

BRAEMAN, SUSAN T  
5021 GATEWAY AVENUE  
ORLANDO FL 32821

81 Name

Susan T. Raeman

82 Street Address (P.O. Box Number is Not Acceptable)

10381 Orangewood Blvd.

83

84 City

Orlando

FL

85 Zip Code  
32821

11. Pursuant to the provisions of Sections 607.0509 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

*Susan T. Raeman*

Susan T. Raeman

4/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
Michael C. Berry  
STREET ADDRESS  
53 Cardamon Drive  
CITY-ST-ZIP  
Orlando, FL 32825

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
Vice President  
Ed Alonso  
STREET ADDRESS  
3122 W. Orange Country Club Dr.  
CITY-ST-ZIP  
Winter Garden, FL 32787

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
Vice President  
Jose Nieves, Sr.  
STREET ADDRESS  
1205 Abberton Drive  
CITY-ST-ZIP  
Orlando, FL 32837

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael C. Berry*

Michael C. Berry,  
President

4/22/96 (407) 345-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYPHONE NUMBER

CR2E034 (12/95)