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

PROFIT CORPORATION ANNUAL REPORT

1996 7-8 96 B.7254 MC

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

DOCUMENT # P95000055462 (2)

1. Corporation Name

BELVEDERE TRANSPORTATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13105 VANDERBILT DRIVE. UINT 1008<br>NAPLES FL 33963 | 13105 VANDERBILT DRIVE. UINT 1008<br>NAPLES FL 33963 |

3. Date Incorporated or Qualified: 07/18/1995 | 3a. Date of Last Report:

4. FEI Number: ☑ 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 2180 First West Street | 26 2180 First West Street |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 FORT MYERS FLA | 28 FORT MYERS FLA. |
| 24 Zip 33901 25 Country USA | 29 Zip 33901 30 Country USA |

**9. Name and Address of Current Registered Agent**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**

81 Name: DAVIES. Christopher
82 Street Address (P.O. Box Number is Not Acceptable): 2180 First West Street.
83
84 City: FORT MYERS FL 85 Zip Code: 33901

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: Christopher Davies (Signature, typed or printed name of registered agent or authorized officer of new registered agent) — (If new Registered Agent signed on previous line, no signature necessary) — DATE: 6/19/96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIES, CHRISTOPHER O<br>13105 VANDERBILT DRIVE, UINT 1008<br>NAPLES FL 33963 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>Davies Christopher O<br>2180 First West Street<br>Fort Myers FLA 33901 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DAVIES, FELICITY J<br>13105 VANDERBILT DRIVE, UINT 1008<br>NAPLES FL 33963 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | SD<br>Davies Felicity J<br>2180 First West Street<br>Fort Myers FLA 33901 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FERRIGE, MARTIN<br>13105 VANDERBILT DRIVE, UINT 1008<br>NAPLES FL 33963 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>FERRIGE. MARTIN<br>2180 First West Street<br>Fort Myers FLA 33901 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** Christopher Davies David Owen Christopher DAVIES 06/18/96 941-337-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #