SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P95000060520 (0) ORANGE BLOSSOM TRANSPORTATION, INC. Principal Place of Business Malling Address 2141 N.E. 210T AVE: 2141 N.E. 216T-AVE JENSEN BEACH FL \$4967. JENSEN BEACH FL 94957 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/04/1995 4. FEI Number 2. Principal Place of Buelliess 2a. Mailing Address Applied For 26 65-0608420 Not Applicable Suite, Api \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent of Current Registered Agent 81 STONEBRAKER, GERALDINE -2141-N.E. 21ST-AVE. 82 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL: 94957 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) CR2E034 (5/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE TITLE DELETE Change Addition STONEBRAKER, GERALDINE 1.2 NAME NAME 2141 N.E. 213T AVE: 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH PL 3495 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE] DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change ___ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE DELETE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED Aug 12 1998 8:00am

14. I hereby 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 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 thanged or on an attribute with an address.