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PROFIT CORPORATION ANNUAL REPORT

1997



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SIGNATURE:

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068458 (5)

JJ KELLY CHARTER BUS SERVICE CO.

Mailing Address Principal Place of Business 4160 RAVENSWOOD RD 4160 RAVENSWOOD RD FT LAUDERDALE FL 33312-5345 FT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1995 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number APPLIED FOR 65-0624478 Not Applicable 21 26 Suite, Apt. #. etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No Zip Country  $Z_{10}$ 25 20 30 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KELLY, JEREMIAH J 4160 RAVENSWOOD RD **R2** Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL-33312 83 84 City Zip Code 85 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE 1.1 TITLE Change TITLE KELLY, JEREMIAH J 1,2 NAME 4160 RAVENSWOOD RD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33312 1.4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE Change 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - 7IP 2. 4 City-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 6.1 TITLE Change Addition THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ACIDRESS 64 CITY-ST-ZIP CHY-S1-ZiP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section information indicated on this annual report or supplemental annual report is true and accurate and the rifty signate. 79.07(3)(i) Florida Statutes. I further certify that the re shall have the same legal effect as if made under oath; that to by Claster 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual report is true and accurate I am an officer or director of the corporation or the receiver or trustee empowered to execute to