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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DC	\mathcal{L}	INA	EV	IT#

1. Corporation Name

P95000069369 (3)

COMMUNITY TRANSPORTATION COMPANY, INC.

Principal Place of Business Mailing Address 2120 W. RANDOLPH CIRCLE 2120 W. RANDOLPH CIRCLE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 P.O. Box 3634 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Tallahassee Pountry Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032. 24 32315 25 29 Yes PNo Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLLINS, LISA Street Address (P.O. Box Number is Not Acceptable) 2120 W. RANDOLPH CIRCLE 2120 W. Randolph Circle TALLAHASSEE FL 32312 83 City 85 Tallahassee 32312 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printe (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFIECTORS IN 12 TITLE DELETE 1. 1 TITLE Addition Change BLAIR, CURT NAME 1.2 NAME 2120 W. RANDOLPH CIRCLE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition PELT, JIM VAN NAME 2.2 NAME STREET ADDRESS 2120 W. RANDOLPH CIRCLE 2.3 STREET ADDRESS CHY-S1-ZIP TALLAHASSEE FL 32312 2.4 CITY - ST - ZIP TITLE DELETÉ 3 1 TITLE Change Addition D NAME 3.2 NAME Lyons, Ann E. STREET ADDRESS 3.3. STREET ADDRESS 2120 W. Randolph Tall, FL CITY-ST-ZIP 34 CITY-ST-ZIP 32312 TITLE DELETE 4.1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5 1 THE Change ☐ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6 4 CITY - ST - 7(P

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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, by on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-531-0241

CR2E034 (12/95)