

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078380 (9)

1. Corporation Name

FLORIDA KEYS COMMUNITY TRANSPORTATION COMPANY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 3808
TALLAHASSEE FL 32315

P.O. BOX 3808
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified **10/12/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2120 W. Randolph Cr.**
Suite, Apt. #, etc.

26 **P.O. Box 3634**
Suite, Apt. #, etc.

4. FEI Number **59-3364495** Applied For Not Applicable

22 City & State

27 City & State

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

23 **Tallahassee, FL**
Zip Country

28 **Tallahassee, FL**
Zip Country

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

24 **32312**

25 **U.S.**

29 **32315**

30 **U.S.**

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

**COLLINS, LISA
2120 W. RANDOLPH CIR.
TALLAHASSEE FL 32315**

81 Name **Ann E. Lyons**
82 Street Address (P.O. Box Number is Not Acceptable) **2120 W. Randolph Circle**
83
84 City **Tallahassee** **FL** 85 Zip Code **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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ann E. Lyons* **Ann E. Lyons** **4/8/96**
Date

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | Lyons, Ann E. |
| STREET ADDRESS | 2120 W. Randolph Circle |
| CITY-ST-ZIP | Tallahassee, FL 32312 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lyons, Ann E. |
| STREET ADDRESS | 2120 W. Randolph Cr. |
| CITY-ST-ZIP | Tallahassee, FL 32302 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: *Ann E. Lyons* **Ann E. Lyons** **4/8/96** **904-531-0241**
Date Daytime Phone #

CF2E034 (12/95)