

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

DOCUMENT # P95000078380 (9)

1. Corporation Name

FLORIDA KEYS COMMUNITY TRANSPORTATION COMPANY, I  
NC.



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

3a. Date of Last Report

10/12/1995

2. Principal Place of Business

2a. Mailing Address

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

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

22 City & State

27 City & State

23 Tallahassee, FL  
Zip Country

28 Tallahassee, FL  
Zip Country

24 32312

25 U.S.

29 32315

30 U.S.

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
Lyons, Ann E.  
STREET ADDRESS 2120 W. Randolph Circle  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
12 NAME D  
Lyons, Ann E.  
13 STREET ADDRESS 2120 W. Randolph Cr.  
14 CITY-ST-ZIP Tallahassee, FL 32302

2.1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)