

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2120 W. RANDOLPH CR.  
TALLAHASSEE FL 32312  
US

Mailing Address

P.O. BOX 3634  
TALLAHASSEE FL 32315-3634  
US



2. Principal Place of Business

21 1020 E. Lafayette St.

Suite, Apt. #, etc.

22 Suite 108

City & State

23 Tallahassee, FL

24 Zip 32301

Country U.S.A.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3364495

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYONS, ANN  
2412 GLENSHIRE LANE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Ann Lyons

82 Street Address (P.O. Box Number is Not Acceptable)

720 E. JEFFERSON ST

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LYONS, ANN  
STREET ADDRESS 2412 GLENSHIRE LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP ☐ DELETE

NAME VAN PELT, JIM  
STREET ADDRESS 6031 RIVERSIDE DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33982

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 President ☒ Change ☐ Addition

1.2 NAME Ann Lyons  
1.3 STREET ADDRESS 720 E. JEFFERSON ST.  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32301

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE

Ann E. Lyons

2/3/97 904-222-5119

CR2E034 (9/96)