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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087542 (3)

RAPID TRANSIT, INC.

Principal Place of Business	Mailing Address			
P O BOX 2934 LAKELAND FL 33806	P O BOX 2934 LAKELAND FL 33806			
2. Principal Place of Business	2a. Mailing Address			
1	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					E HERAIDER ING ORIEN BREKE BEISK BEISK BRINI BOURE HEITH GARRI BRINI BINIS 1984 I	
P O BOX 2934 P O BOX 2934						
LAKELAND FI	L 33806	LAKELAND FL 33806			DO NOT WRITE IN THIS SPACE	
İ					3. Date Incorporated or Qualified	
- D:			·		11/15/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied	
Suite, Apt	#. etc.	Suite, Apt. #, etc.			59-3347831 Not App	
22		27			5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Require	
City & Stat	60	City & State			6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangib	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
<u> </u>	g, Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent			
	PRNBACK, CHARLES		Ľ	Name	· ·	
	28 WINDSONG DR KELAND FL 33811			Street Ad	dress (P.O. Box Number is Not Acceptable)	
~	NEU-NU FE 33811		ε	13		
			Ļ			
			1	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es the abo	ve-named co	orporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as regist	stered
agent la	im familiar with, and accept the oblig	a of Fiorida. Such change was jutions of, Section 607.0505, FI	autriorizea orida Statu	by the corpor les.	ration's board of directors. I hereby accept the appointment as regist	əred
SIGNATURE						
12.	Signature, typed or printed name of registered ag	yort and life if applicable (NOT ND DIRECTORS		gent signature req	quired whon reinstating) DATE	
TITLE	D	DELETE	13.	:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2 ddition
NAME	HORNBACK, CHARLES		1.2 NAM		Change C.	WOILION
STREET ADDRESS	1228 WINDSONG DR			ET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811		1.4 CITY			
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ /	Addition
NAME	HERKENRATH, LIESELOTTE		2.2 NAM	E		Ī
STREET ADDRESS	1228 WINDSONG DR		2.3 STRE	FT ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811			-ST-ZIP		
TITLE NAME		☐ DELETE	31 TITL	1	☐ Change ☐ /	Addition
STREET ADDRESS			3.2 NAM	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ A	ddition
NAME			4. 2 NAM	ſ		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change A	ddition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	et address		
CITY-ST-ZIP		The see	5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE		Change A	ddition
NAME STREET ADDRESS			6.2 NAM.			
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

I 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 eath; that I am an officer or director of the corporation or the receiver or trustee emptwered 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.