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

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 DEC -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000004830

1. Corporation Name

Seminole County Transportation Services Inc

Principal Place of Business / Mailing Address

920 Brutt Court Suite 250
Altamonte Springs FL 32701

2. Principal Place of Business	2a. Mailing Address
21 920 Brutt Court	26 920 Brutt Court
Suite, Apt. #, etc. 22 250	Suite, Apt. #, etc. 27 250
City & State 23 Altamonte Springs	City & State 28 Altamonte Springs
Zip 24 32701 Country 25 USA	Zip 29 32701 Country 30 USA

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number 593366437 ☐ 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

Heriberto Rivera
920 Brutt Court
Suite 250
Altamonte Springs FL 32701

10. Name and Address of New Registered Agent

81 Name Kelly Rivera
82 Street Address (P.O. Box Number is Not Acceptable) 920 Brutt Court
83 Suite 250
84 City Altamonte Springs **FL** 85 Zip Code 32701

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 Kelly Rivera 03-28-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Heriberto Rivera 920 Brutt Court Suite 250 Altamonte Springs FL 32701 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Kelly Rivera 920 Brutt Court Suite 250 Altamonte Springs FL 32701 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Marc Rivera 920 Brutt Court Suite 250 Altamonte Springs FL 32701 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000002364770---4 -12/05/97--01110--007 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition AD

CR2E034 (9/96)

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: Kelly Rivera 03-28-97 4078312797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #