

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90145 036 \*\*\*150.00

DOCUMENT # P96000004830

1. Corporation Name

SEMINOLE COUNTY TRANSPORTATION SERVICES INC.

Principal Place of Business

920 BRITT COURT

#250

ALTAMONTE SPRINGS FL 32701

US

Mailing Address

920 BRITT COURT

#250

ALTAMONTE SPRINGS FL 32701

US

2. Principal Place of Business

21 1388 South County Road 427

Suite, Apt. #, etc.

22 City & State

23 Longwood FL

24 Zip 32750 25 Country USA

26 1388 South County Road 427

27 Suite, Apt. #, etc.

28 City & State

29 Longwood FL

30 Zip 32750 31 Country USA

32 City & State

33 Longwood FL

34 Zip 32750 35 Country USA

36 City & State

37 Longwood FL

38 Zip 32750 39 Country USA

40 City & State

41 Longwood FL

42 Zip 32750 43 Country USA

44 City & State

45 Longwood FL

46 Zip 32750 47 Country USA

48 City & State

49 Longwood FL

50 Zip 32750 51 Country USA

52 City & State

53 Longwood FL

54 Zip 32750 55 Country USA

56 City & State

57 Longwood FL

58 Zip 32750 59 Country USA

60 City & State

61 Longwood FL

62 Zip 32750 63 Country USA

64 City & State

65 Longwood FL

66 Zip 32750 67 Country USA

68 City & State

69 Longwood FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3366437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

- Fee Required -

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RIVERA, KETTY

920 BRITT COURT

STE-250

ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

1388 South County Road 427

83

84

City Longwood

FL

85 Zip Code

32750

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RIVERA, KETTY

STREET ADDRESS 920 BRITT COURT, STE. 250

CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE S ☐ DELETE

NAME RIVERA, MARC

STREET ADDRESS 920 BRITT COURT, STE. 250

CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Ketty Rivera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-99  
Date

8312797  
Daytime Phone #

CR2E034 (11/98)