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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000015577 (5) L.T.B. BUS SERVICE, INC. Principal Place of Business Mailing Address 1123 PECAN PARK ROAD 1123 PECAN PARK ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1123 Pecan Fark Rd. 1123 tecantark Rd. 59-3377080 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May 8e 6. Election Campaign Financing Jax. Fla Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 32218 25 Duval 30 Duva 24 Personal Property Tax due June 30. Yes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAINE, LINDA T **#123 PECAN PARK ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) JACK**S**ONVILLE FL 32218 83 84 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 607.0505, Florida Statutes. SIGNATURE arre of reocleted agent and title if applicable OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change TITLE 1.1 TITLE Addition BAINE, LINDA T NAME 12 NAME 1123 PECAN PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE \_\_\_ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 6.4 CITY - S1 - 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 on an attachment with read address. 2021 2B W