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 # P96000030552 (9)

POLK AIRPORT TRANSIT INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
Principal Plac	e or business	Mailing Address			
606 ASH STREET P O BOX 1713 AUBURNDALE FL 33823 AUBURNDALE FL 32823					
,					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 2 1 1 2	- Th				04/01/1996
	lace of Business	2a. Mailing Address	7		4. FEI Number Applied For
21 Suite And A sta		26 Suite Ant. # etc			59-3372534 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	├ - '	30		Personal Property Tax due June 30. Yes No
=	g. Name and Address of Curre				10. Name and Address of New Registered Agent
CO	RTS, SHERRILL		81	Name	
	606 ASH STREET			Character	Volume (D.O. Day Niyerbay is Not Assertable)
AUBURNDALE FL 33823			62	Street A	Address (P.O. Box Number is Not Acceptable)
MODURIDALE PL 33023			83	İ	
				0.3	lee 17's Oode
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the abov	e-named o	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					
- 10	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: ND DIRECTORS		ent signature r	required when reinstating) DATE
12. TITLE	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	CORTS, SHERRILL		1.2 NAME	-	SHERRIN GORTS
· · · · · · ·					LOL AIH ST.
STREET ADDRESS	606 ASH STREET			ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	DELETE	1.4 CiTY - 9	ST- ZIP	AUSUMBALS FL 32823
TITLE	VP CORTO ALTON	Detere	2.1 TITLE		Citalige Authori
NAME	CORTS, ALTON		2.2 NAME	1	
STREET ADDRESS			2.3 STREET		
CITY-ST-ZIP	AUBURNDALE FL 33823			ST-ZIP	Change Addition
TITLE	ST DOOR DESTRICT	DE OLLEIE	3.1 TITLE	- 1	Change Addition
NAME	ROSS, BETTY		3.2 NAME		
STREET ADDRESS	606 ASH STREET		3.3 STREET		
CITY-ST-ZIP	AUBURNDALE FL 33823	DELETE	3.4. CITY -	ST-2IP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	i	1_1 Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	·	
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	ĺ	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	
TITLE		☐ DECETE	6.1 TITLE	l	Change Addition
NAME			6.2 NAME	[,
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY- S	37 - ZIP	

14. 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.

941-967-6292 A ... 20 9 2