FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90058 043 ***150.00

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

DOCUMENT # P9700006673

STREET ADDRESS

CITY-ST-ZIP

1. Corporation Name					
LLL BUS COMPANY, INC.					
				1 (23 1/2 4) (1 3 131/) (38 /) 37 /) 38 /) 38 /)	<u> </u>
Principal Place of Business Mailing Address					
1071 DONEGAN ROAD 5517 21ST AVE W					
LARGO FL 34641 SUITE H				DO NOT WRITE IN TH	IS SPACE
US BRADENTON FL 34209			3. Date Incorporated or Qualifed	10 OF AGE	
1		US		01/22/1997	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>	ace of business	26		65-0736312	Not Applicable
21 26 25 26 27 27 28		Suite, Apt. #, etc.		 	\$8.75 Additional
22	,,	27		5. Certifcate of Status Desired	Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	293	0	Personal Property Tax.	No
Name and Address of Current Registered Agent				10. Name and Address of New Registers	d Agent
i ! ' T			81 Name LAURA	A SHEARER	•
VORBECK, CHRIS M			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1801 GLENGARY STREET				26TH ST W STE B	
. SARI	ASOTA FL 34231		83		
			84 City		85 Zip Code 34207
			BRADE	NTON F	
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 register 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 ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Floric	ia Statutes.	•	
SIGNATURE_	Zan G. Sham	LAURA A SHEARE	R	1/7/99 d when reinstating) DATE	
	Signature, typed or printed name of registered agen		egistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO STATEMENT	Change Addition
	RICKERT, WAYNE C.	<u></u>	1.2 NAME		
NAME 070557 MDDF00	5517 21ST AVE W SUITE H		1.3 STREET ADDRESS		}
STREET ADDRESS	BRADENTON FL 34209		1,4 CITY-ST-ZIP		
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VORBECK, MICK		2.2 NAME		
STREET ADDRESS	P.O. BOX 270 N/A		2.3 STREET ADDRESS		
	ELLENTON FL 34222		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	ELLENION I E STEEL	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		,
CITY-ST-ZIP			3,4. CITY-ST-ZIP		_
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	·
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 too 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 adjachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WAYNE C RICKERT SIGNATURE

941-795-2261