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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary or State

DIVISION OF CORPORATIONS

DOCUMENT # P97000038136 (2)

REGIS TRANSPORTATION INC.

Mailing Address 611 CHRISTINA CIRCLE 811 CHRISTINA CIRCLE OLDSMAR FL 34677 OLDSMAR FL 34677

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/28/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3441455 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent LEWINSKI, REGINA 811 CHRISTINA CIRCLE Street Address (P.O. Box Number is Not Acceptable) **OLDSMAR FL 34677** City 85 Zip Code 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE Change Addition 1.1 TITLE PRES IDENT VICE PRESIDENT NAME JAN LEWINSKI 1.2 NAME REGINA LEWINSKI BII CHRISTINA CIRCLE BII CHRISTINA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP FL 34677 1.4 CITY - ST - ZIP OLDSMAR FL 34677 DELETE TITLE 21 TITLE Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CRTY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE Addition 3 1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP **DELETE** TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 on an attachment with an address.

RIGNATURE:

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4/2/98 RIZ RTT-RZYL