May 04, 1999 8:00 am Secretary of State

05-04-1999 90047 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000095701

1. Corporation Name

TTT BUS	COMPANY, INC.] 	14181 111 311 11 131 1		11)) 11)))	
								<u> </u>			
Principal Place of Business Mailing Address									•		
1801 GLENGARY ST. PO BOX 270 SARASOTA FL 34231 ELLENTON FL 34222											
							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifer 11/07/1997				
2. Principal Place of Business 2a. Mailing Address					_		4. FEI Number			Applied For	
21			26				65-0795104 Not A			Not App	olicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				S8.75 Additional			onal	
22		27					5. Certifcate of Status Desired		Fee	Require	d
City & Stat	€	1	City & State	··		_	6. Election Campaign Financing	, _	\$5.0	0 May	Be
23	,	28					Trust Fund Contribution		Adde	ed to Fe	es
Zip	Country		Zip	Country	y		8. This corporation owes the cu	rrent year Inta	angible		
24	25 29						Personal Property Tax.	Personal Property Tax.			
	9. Name and Address of Currer	nt Regist	ered Agent				10. Name and Address of New	Registered a	Agent		
·				81	I	Name					
VORBECK, CHRIS M					+	Street Address (P.O. Box Number is Not Acceptable)				_	
1801 GLENGARY ST.					Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34231					\$						
					1				11 -	- C- d-	
				84	1	City		FL	85 Z	ip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 60 of Florid itions of,	17.1508, Florida Statutes, a. Such change was auth Section 607.0505, Florid	, the abov norized by a Statutes	/e- / ti s.	-named corpor he corporation	ration submits this statement for th i's board of directors. I hereby acc	e purpose of ept the appoir	changing ntment as	its regis registe	stered red
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE: Re	egistered Age	ent :	signature required		DATE			
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO O	FFICERS AN			
TTILE	PŢ		☐ DELETE	1.1 TTTLE		į			Chan	ge [Addition
NAME	VORBECK, MICK			1.2 NAME		Ì					
STREET ADDRESS	3912 HWY 301			1.3 STREE	T/	ADDRESS			•		
CITY-ST-ZIP	ELLENTON FL 34222			1.4 CITY-ST-ZIP							
TITLE	V\$ □ DELETE			2.1 TITLE					☐ Chan	ge [] Addition
NAME	RICKERT, WAYNE C			2.2 NAME							
STREET ADDRESS	5517 21 AVE W SUITE H			2.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34209				ST	r-ZIP					
TITLE			☐ DELETE	3.1 TITLE					Chan	ge 🗀] Addition
Name				3.2 NAME		1					
STREET ADDRESS				3.3 STREE	ĘT A	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-	-ZIP					
TITLE			☐ DELETE	4.1 TITLE					Chan	ge 🗀	Addition
NAME				4. 2 NAME			•				
STREET ADDRESS				4.3 STREE	Ţ,	ADDRESS					
CITY-ST-ZIP				4.4 CITY-5	ST-	- ZIP					

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

QUIREMICK Vorbeck

☐ DELETE

☐ DELETE

729-5667

Change

Change

■ Addition

Addition |