

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

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015558

1. Corporation Name

ATLANTIC SCHOOL BUS CORP.

Principal Place of Business

Mailing Address

7 NORTH STREET
STATEN ISLAND, NY 10302

2. Principal Place of Business

2a. Mailing Address

21 7 North Street

26 7 NORTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Staten Island, NY

28 STATEN ISLAND, NY

Zip

Country

Zip

Country

24 10302

25 U.S.A.

29 10302

30 U.S.A.

24 10302

25 U.S.A.

29 10302

30 U.S.A.

9. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

81 Name

10. Name and Address of New Registered Agent

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DOMENIC GATTO - PRES. ☐ DELETE
STREET ADDRESS 7 NORTH STREET
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE NAME PATRICK GATTO - V.P. ☐ DELETE
STREET ADDRESS 7 NORTH STREET
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE NAME MICHAEL GATTO - SECRETARY ☐ DELETE
STREET ADDRESS 7 NORTH STREET
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE NAME MICHAEL GATTO - TREAS. ☐ DELETE
STREET ADDRESS 7 NORTH STREET
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2000002827032
1.4 CITY - ST - ZIP -04/01/99--01100--001

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

Daytime Phone #

FILED

99 MAR 23 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA