


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90193 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000089366

1. Corporation Name

ANDER-SCOTT BUS SERVICE, INC.



Principal Place of Business 6186 BASSANOVA COURT JACKSONVILLE, FL. 32209	Mailing Address 6186 BASSANOVA COURT JACKSONVILLE FL 32209
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6186 BASSANOVA Ct.		2a. Mailing Address 26 6186 BASSANOVA Ct.		3. Date Incorporated or Qualified 10/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3545561	
City & State 23 JAX, FLA.		City & State 26 JAX, FLA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32209		Country 25 Duval		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23 JAX, FLA.		City & State 26 JAX, FLA.		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24 32209		Country 25 Duval		8. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202		81 Name		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice-President	1.1 TITLE	Board Member
NAME	Leonard Scott	1.2 NAME	Delores Scales
STREET ADDRESS	6186 BASSANOVA Ct.	1.3 STREET ADDRESS	1014 Huron Street
CITY-ST-ZIP	JAX, FLA. 32209	1.4 CITY-ST-ZIP	JAX, FLA. 32209
TITLE	President	2.1 TITLE	
NAME	Julia Anderson	2.2 NAME	
STREET ADDRESS	6186 BASSANOVA Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FLA. 32209	2.4 CITY-ST-ZIP	
TITLE	Vice-President	3.1 TITLE	
NAME	Bretta Scott	3.2 NAME	
STREET ADDRESS	9062 17th Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FLA. 32209	3.4 CITY-ST-ZIP	
TITLE	Secretary and Treasurer	4.1 TITLE	
NAME	Johannie Mae Brazier	4.2 NAME	
STREET ADDRESS	6186 Bassanova Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FLA. 32209	4.4 CITY-ST-ZIP	
TITLE	Board Member	5.1 TITLE	
NAME	Chester Scott	5.2 NAME	
STREET ADDRESS	405 ALDER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FLA. 32206	5.4 CITY-ST-ZIP	
TITLE	Board Member	6.1 TITLE	
NAME	Vana Mobley	6.2 NAME	
STREET ADDRESS	9130 10th Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FLA. 32208	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, with all other like empowered.

SIGNATURE: Leonard Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

765-0112

CR2E034 (1/198)