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Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90001 020 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102051

1. Corporation Name
M.G.F. COACH LINES, INC.

Principal Place of Business
7615 LINDER HURST DR.
ORLANDO FL 32836

Mailing Address
7615 LINDER HURST DR.
ORLANDO FL 32836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

59-2745294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

CLEMENT, MARILU
7615 LINDER HURST DR.
ORLANDO FL 32836

81

Name GLORIA CANALES

82

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

7615 LINDER HURST DR

83

84

City ORLANDO

FL

85

Zip Code 32836

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

Gloria R. Canales

(NOTE: Registered Agent signature required when reinstating)

DATE

6/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OP ☒ DELETE

NAME CLEMENT, MARILU
STREET ADDRESS 7615 LINDER HURST DR.
CITY-ST-ZIP ORLANDO FL 32836

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME CANALES, GLORIA
STREET ADDRESS 7615 LINDER HURST DR.
CITY-ST-ZIP ORLANDO FL 32836

2.1 TITLE DIP ☒ Change ☐ Addition

2.2 NAME CANALES, Gloria
2.3 STREET ADDRESS 7615 LINDER HURST DR
2.4 CITY-ST-ZIP ORLANDO, FL 32836

TITLE DT ☐ DELETE

NAME TREFO, FELIX
STREET ADDRESS 7615 LINDER HURST DR.
CITY-ST-ZIP ORLANDO FL 32836

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Gloria R. Canales

6/29/99 (407) 345-0645

Date

Daytime Phone #

CR2E034 (11/98)