

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S01830 (6)

95 JUL -3 AM 8:33

1. Corporation Name

CENTRAL TRANSIT SYSTEM INCORPORATED

Principal Place of Business

3941 FORSYTH ROAD
WINTER PARK FL 32792

Mailing Address

3941 FORSYTH ROAD
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
09/05/1990

3a. Date of Last Report
05/27/1994

4. FEI Number
59-3033929

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Fee for Longest Term of
Trust and Contributions ☐

\$5.00 May Be
Added to Fees

8. The corporation has taken for inspection tax under 1990/92
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. # etc.

22. City & State

23. Zip

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

28. Zip

32790

U.S.A.

9. Name and Address of Current Registered Agent

**LE, THUY T.
3941 FORSYTH ROAD
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(If the registered agent signature is required, attach separate signature page)

6/26/95

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	LE, THUY T.
3. STREET ADDRESS	P.O. BOX 1733 N/A
4. CITY, ST. ZIP	WINTER PARK FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

13. REGISTERED AGENT

1. TITLE	P	☒ Change ☐ Addition
2. NAME	LE, THUY T.	
3. STREET ADDRESS	P.O. BOX 1733 N/A	
4. CITY, ST. ZIP	WINTER PARK, FL. 32790	
5. TITLE	V	☐ Change ☒ Addition
6. NAME	LOWE, KEITH W.	
7. STREET ADDRESS	P.O. BOX 1733	
8. CITY, ST. ZIP	WINTER PARK, FL. 32790	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST. ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST. ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST. ZIP		

14. I hereby certify that the information set forth with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That each 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 13 of this filing is not required to be an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95

407-677-4433

CR2E034 (3-95)