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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S25318

1. Corporation Name

VETERANS TRANSPORTATION CO. OF CENTRAL FLORIDA,
INC.

Principal Place of Business

750 OFFICE PLAZA BLVD
STE 302-1
KISSIMEE FL 34744
US

Mailing Address

907 ROBINSON AVE
ST CLOUD FL 34769
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1991

4. FEI Number

59-3046525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 907 ROBINSON AVE

Suite, Apt. #, etc.

22

City & State

23 ST. CLOUD FLORIDA

Zip

24 34769

Country

25

2a. Mailing Address

26 907 ROBINSON AVE

Suite, Apt. #, etc.

27

City & State

28 ST. CLOUD FLORIDA

Zip

29 34769

Country

30

9. Name and Address of Current Registered Agent

WOOD, JERRY
3455 PACKARD AVE
ST CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name PATRICIA L. D. WOOD
82 Street Address (P.O. Box Number is Not Acceptable)
907 ROBINSON AVE
83
84 City ST. CLOUD FL 85 Zip Code 34769

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 P ☒ DELETE
NAME WOOD, JERRY
STREET ADDRESS 907 ROBINSON AVE
CITY-ST-ZIP ST CLOUD FL 34769

TITLE VP ☒ DELETE
NAME WOOD, PATRICIA
STREET ADDRESS 907 ROBINSON AVE
CITY-ST-ZIP ST CLOUD FL 34769

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME PATRICIA L. D. WOOD
1.3 STREET ADDRESS 907 ROBINSON AVE
1.4 CITY-ST-ZIP ST. CLOUD, FL. 34769

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 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:

PATRICIA L. D. WOOD

4/29/99 (407) 959-0316

CR2E034 (11/98)