

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S60866 (8)
1. Corporation Name
RESORT SHUTTLE, INC.



Principal Place of Business
5700 SADDLEBROOK WAY
TRANSPORTATION DESK
WESLEY CHAPEL FL 33543-4499

Mailing Address
5700 SADDLEBROOK WAY
TRANSPORTATION DESK
WESLEY CHAPEL FL 33543-4411

3. Date Incorporated or Qualified
07/01/1991

3a. Date of Last Report
03/26/1996

4. FEI Number
59-3071686

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 1305
27 Suite, Apt. #, etc.
28 City & State
29 Tarpon Springs, FL
30 Zip
31 Country

9. Name and Address of Current Registered Agent

SHOUPPE, BYRON C., JR.
11901 30TH CT. NORTH
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	PC
NAME	SHOUPPE, BYRON C., JR.	1.2 NAME	Shoupe, Byron C. Jr.
STREET ADDRESS	100 SADDLEBROOK WAY	1.3 STREET ADDRESS	P.O. Box 1305
CITY-ST-ZIP	WESLEY CHAPEL FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34688-1305
TITLE	STD	2.1 TITLE	STD
NAME	SHOUPPE, STARIN B.	2.2 NAME	Shoupe, Starin B.
STREET ADDRESS	100 SADDLEBROOK WAY	2.3 STREET ADDRESS	P.O. Box 1305
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34688-1305
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 checked, or on an attachment with an address.

SIGNATURE

[Signature]

5/1/97 (517) 577-1111

CR2E034 (9/96)