

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S63646** (1)

1. Corporation Name
PERSONAL TRANSPORT SERVICE, INC.



Principal Place of Business: **13490 WALSINGHAM RD SUITE A LARGO FL 34644 US**
Mailing Address: **13490 WALSINGHAM RD SUITE A LARGO FL 34644 US**

3. Date Incorporated or Qualified: **06/27/1991**
3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business
21 **13490 Walsingham Rd.**
Suite, Apt. #, etc.
22
City & State
23 **Largo, FL**
Zip Country
24 **34644** 25 **Pinellas**
2a. Mailing Address
26 **13490 Walsingham Rd.**
Suite, Apt. #, etc.
27
City & State
28 **Largo, FL**
Zip Country
29 **34644** 30 **Pinellas**

4. FEI Number: **59-3076477**
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

9. Name and Address of Current Registered Agent
**RICHEY, BRENT A
9424 118TH LANE NORTH
SUITE A
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent
81 Name: **James N. Wise**
82 Street Address (P.O. Box Number is Not Acceptable): **10357 Serena Dr.**
83
84 City: **Largo** FL 85 Zip Code: **34644**

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: *James N. Wise - James N. Wise P/D/S* DATE: **4-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	CDV <input type="checkbox"/> DELETE	1. TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JAMES N	2. NAME	Wise, James N.
STREET ADDRESS	10357 SERENA DR	3. STREET ADDRESS	10357 Serena Dr.
CITY-ST-ZIP	LARGO FL	4. CITY-ST-ZIP	Largo, FL 34644
TITLE	PD <input checked="" type="checkbox"/> DELETE	5. TITLE	
NAME	RICHEY, BRENT A	6. NAME	
STREET ADDRESS	13605 SERENA DR	7. STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	8. CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	9. TITLE	
NAME	RICHEY, TONI	10. NAME	
STREET ADDRESS	13605 SERENA DR	11. STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	12. CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	13. TITLE	CDVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, DOROTHY	14. NAME	Wise, Dorothy
STREET ADDRESS	10357 SERENA DR	15. STREET ADDRESS	10357 Serena Dr.
CITY-ST-ZIP	LARGO FL	16. CITY-ST-ZIP	Largo, FL 34644
TITLE	<input type="checkbox"/> DELETE	17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

25. TITLE	<input type="checkbox"/> DELETE	25. TITLE	
26. NAME		26. NAME	
27. STREET ADDRESS		27. STREET ADDRESS	
28. CITY-ST-ZIP		28. CITY-ST-ZIP	
29. TITLE	<input type="checkbox"/> DELETE	29. TITLE	
30. NAME		30. NAME	
31. STREET ADDRESS		31. STREET ADDRESS	
32. CITY-ST-ZIP		32. CITY-ST-ZIP	
33. TITLE	<input type="checkbox"/> DELETE	33. TITLE	
34. NAME		34. NAME	
35. STREET ADDRESS		35. STREET ADDRESS	
36. CITY-ST-ZIP		36. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James N. Wise* DATE: **4-26-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)