

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

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Mar 25 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 # **V36991** (0)

1. Corporation Name  
**TUTSON BUS SERVICE, INC.**

Principal Place of Business  
**7639 GAINESVILLE AVENUE  
JACKSONVILLE FL 32208**

Mailing Address  
**6042 KINNON DR  
JACKSONVILLE FL 32209-1823**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1992</b>	3a. Date of Last Report <b>11/14/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3132381</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. 9. Name and Address of Current Registered Agent		29. 10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25. 11. Presumed to the provisions of Sections 607.0102 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.		29. 10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**MARSHALL, REESE  
214 EAST ASHLEY STREET  
JACKSONVILLE FL 32202**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
12.1 NAME	PTD TUTSON, MAVIS	12.2 STREET ADDRESS	6042 KINNON DR JACKSONVILLE FL
12.3 CITY-STATE-ZIP	VD	12.4 CITY-STATE-ZIP	
12.5 NAME	TUTSON, BERNARD	12.6 STREET ADDRESS	6042 KINNON DR JACKSONVILLE FL
12.7 CITY-STATE-ZIP	SD	12.8 CITY-STATE-ZIP	
12.9 NAME	TATHAM, SHARRYL	12.10 STREET ADDRESS	11820 JOHN WILLIAM TERRACE JACKSONVILLE FL
12.11 CITY-STATE-ZIP		12.12 CITY-STATE-ZIP	
12.13 NAME		12.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		12.16 CITY-STATE-ZIP	
12.17 NAME		12.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP		12.20 CITY-STATE-ZIP	
12.21 NAME		12.22 STREET ADDRESS	
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12.27 CITY-STATE-ZIP		12.28 CITY-STATE-ZIP	
12.29 NAME		12.30 STREET ADDRESS	
12.31 CITY-STATE-ZIP		12.32 CITY-STATE-ZIP	
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12.69 NAME		12.70 STREET ADDRESS	
12.71 CITY-STATE-ZIP		12.72 CITY-STATE-ZIP	
12.73 NAME		12.74 STREET ADDRESS	
12.75 CITY-STATE-ZIP		12.76 CITY-STATE-ZIP	
12.77 NAME		12.78 STREET ADDRESS	
12.79 CITY-STATE-ZIP		12.80 CITY-STATE-ZIP	
12.81 NAME		12.82 STREET ADDRESS	
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12.89 NAME		12.90 STREET ADDRESS	
12.91 CITY-STATE-ZIP		12.92 CITY-STATE-ZIP	
12.93 NAME		12.94 STREET ADDRESS	
12.95 CITY-STATE-ZIP		12.96 CITY-STATE-ZIP	
12.97 NAME		12.98 STREET ADDRESS	
12.99 CITY-STATE-ZIP		12.100 CITY-STATE-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 included 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: *Mavis Y. Tutson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)