SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V72495** **(7)**

1. Corporation Name
FLORIDA MOBILE TRANSIT, INC.

Principal Place of Business	Mailing Address
1786 MARKER RD UNIT D POLK CITY FL 33868 US	P O BOX 795 AUBURNDALE FL 33823 US

2. Principal Place of Business	2a. Mailing Address
21 10254 Old Dade City Rd	26 10254 Old Dade City Rd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Lakeland, FL.	28 City & State: Lakeland, FL
24 Zip: 33810 25 Country	29 Zip: 33810 30 Country: Polk

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-3181547 ☐ 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

~~WILLIS, TIM C.~~
~~1786 MARKER ROAD~~
~~POLK CITY FL 33868~~
10254 Old Dade City Rd.
Lakeland, FL. 33809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WILLIS, TIM C.		1.2 NAME	
STREET ADDRESS	~~1786 MARKER RD.~~		1.3 STREET ADDRESS	10254 Old Dade City Road
CITY-ST-ZIP	~~POLK CITY FL~~		1.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	VS	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WILLIS, WANDA L.		2.2 NAME	
STREET ADDRESS	~~1786 MARKER RD.~~		2.3 STREET ADDRESS	10254 Old Dade City Rd
CITY-ST-ZIP	~~POLK CITY FL~~		2.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda L. Willis 6-26-96 941-815-1519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wanda L. Willis