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

Block 12 or Block 13 if changed, or on an attac

with an address

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 203388 (4) RIVERS BUS SALES, INC. Mailing Address Principal Place of Business 10626 GENERAL AVE P.O. BOX 6009 JACKSONVILLE FL 32220 JACKSONVILLE FL 32236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1957 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-08 15577 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Country Zin Zip Yes Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHAFFER, LAWRENCE H 9002 CAMSHIRE DR Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32244 83 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE SCHAFFER, LAWRENCE H 1.2 NAME NAME 9002 CAMSHIRE DR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE LOTSHAW, WILLIAM C NAME 2.2 NAME 6268 LEWARD CT 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE SEARCY, ERNEST J 3.2 NAME NAME 10728 FALL CREEK DR 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32222 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP 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 of trustee empowered to execute this port as required by Chapter 607, Florida Statutes; and that my name appears in