

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:41

DOCUMENT # P00480 (4)
1. Corporation Name
CENTRAL PARKING SYSTEM OF FLORIDA, INC.

Principal Place of Business Mailing Address
% MONROE J CARELL JR % MONROE J CARELL JR
2401 21ST AVENUE, SOUTH SUITE 200 2401 21ST AVENUE, SOUTH SUITE 200
NASHVILLE TN 37212 NASHVILLE TN 37212

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/30/1983 3a. Date of Last Report 02/03/1994
4. FEI Number 62-1190082 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 (Indicate type or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARELL, MONROE J, JR	1.2 NAME	
STREET ADDRESS	2401 21ST AVE S. STE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, JAMES H.	2.2 NAME	
STREET ADDRESS	2401 21ST AVE S STE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, HENRY J.	3.2 NAME	
STREET ADDRESS	2401 21ST AVE S STE 200	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADS, EMANUEL J.	4.2 NAME	
STREET ADDRESS	2401 21ST AVE S STE 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	-V-	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HERBERT W.	5.2 NAME	
STREET ADDRESS	2401 21ST AVE S SUITE 200	5.3 STREET ADDRESS	Jeff Wolfe 2401 21st Ave. S., Suite 200 Nashville, TN 37212
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	
TITLE	CFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISDELL, STEPHEN	6.2 NAME	
STREET ADDRESS	2401 21ST. AVE. S. STE. 200	6.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE FL	6.4 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)(d), 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 attached sheet with an address.

SIGNATURE: *Henry J. Abbott* 2-9-95 615-297-4255
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #
Henry J. Abbott