

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified <b>12/30/1983</b>	3a. Date of Last Report <b>02/21/1995</b>
4. FEI Number <b>62-1190082</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 of the person to be registered as the registered agent

Signature of the Registered Agent (signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARELL, MONROE J, JR</b>	1.2 NAME	
STREET ADDRESS	<b>2401 21ST AVE S. STE 200</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOND, JAMES H.</b>	2.2 NAME	
STREET ADDRESS	<b>2401 21ST AVE S STE 200</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, HENRY J.</b>	3.2 NAME	
STREET ADDRESS	<b>2401 21ST AVE S STE 200</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFE, JEFF</b>	4.2 NAME	
STREET ADDRESS	<b>2401 21ST AVE S., SUITE 200</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ANDERSON, HERBERT W.</del>	5.2 NAME	<b>EMANUEL J. EADS</b>
STREET ADDRESS	<b>2401 21ST AVE S SUITE 200</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TISDELL, STEPHEN</b>	6.2 NAME	
STREET ADDRESS	<b>2401 21ST. AVE. S. STE. 200</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE FL</b>	6.4 CITY-STATE-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 supplementary 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 trustee or a 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 in an alternate block if such an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henry J. Abbott*  
**Henry J. Abbott**

1/19/96

615/297-4255

CR2E034 (12/95)