FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S38768** **(5)**

1. Corporation Name

RED LINE LIMO, INC.

Principal Place of Business	Mailing Address
8232 ULMERTON RD 4 LARGO FL 34622 US	8232 ULMERTON RD #4 LARGO FL 34622 US

3. Date Incorporated or Qualified: **03/19/1991**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0259360** ☐ 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

RHOADES, JOHN A., JR.
2525 PASADENA AVENUE SOUTH
SUITE H
SOUTH PASADENA FL 33707

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 or 1607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	BARTLETT, GERALD H.		2 NAME
STREET ADDRESS	361 144TH AVE		3 STREET ADDRESS
CITY-ST-ZIP	MADEIRA BEACH FL		4 CITY-ST-ZIP
TITLE	VP	☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME	BARTLETT, PATRICK W.		6 NAME
STREET ADDRESS	361 144TH AVE		7 STREET ADDRESS
CITY-ST-ZIP	MADEIRA BEACH FL		8 CITY-ST-ZIP
TITLE		☐ DELETE	9 TITLE ☐ Change ☐ Addition
NAME			10 NAME
STREET ADDRESS			11 STREET ADDRESS
CITY-ST-ZIP			12 CITY-ST-ZIP
TITLE		☐ DELETE	13 TITLE ☐ Change ☐ Addition
NAME			14 NAME
STREET ADDRESS			15 STREET ADDRESS
CITY-ST-ZIP			16 CITY-ST-ZIP
TITLE		☐ DELETE	17 TITLE ☐ Change ☐ Addition
NAME			18 NAME
STREET ADDRESS			19 STREET ADDRESS
CITY-ST-ZIP			20 CITY-ST-ZIP
TITLE		☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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 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 above, or on an attached sheet with an address.

SIGNATURE: Patrick Bartlett V.P. 4/16/96 (813)535-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PATRICK BARTLETT