

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

REGISTRATION  
APPLICATION

1995



DEPARTMENT OF STATE  
CORPORATION  
REGISTRATION

APPROVED  
AND  
FILED

95 MAY 10 AM 10:25

DOCUMENT # **V41499** (7)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ORLANDO LIMOUSINE & TRANSPORTATION, INC.**

STATE OF FLORIDA

503 MAJORCA AVE.  
ALTAMONTE SPRINGS FL 32714

503 MAJORCA AVE.  
ALTAMONTE SPRINGS FL 32714

3. Date of latest filing	06/05/1992	3a. Date of last filing	10/07/1994
4. FEI Number	59-3125854	Applied For	Not Applicable
5. Certificate of State Director	03	03	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for corporate tax under 1994 Florida Statute	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

21. Name of Applicant	26. Mailed Address
22. Name of Agent	27. Mailed Address
23. Name of State	28. Name of State
24. Name of Agent	29. Name of Agent
25. Name of State	30. Name of State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BELL, JAMES K. 503 MAJORCA AVE. ALTAMONTE SPRINGS FL 32714		B1. Name	
		B2. Street Address (P.O. Box Number is Not Applicable)	
		B3. City	
		B4. State	FL
B5. Zip Code			

11. This agent is the president of the corporation and has read the Florida Statutes. The above named corporation admits the statement for the purpose of changing its registered office or registered agent or both in the state of Florida. This 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 the registered agent Florida Statutes.

12. AFFILIATES AND DIRECTORS

12. AFFILIATES AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICE REGISTERED OFFICE CLERKS ETC.	
NAME	P FIRESTONE, TERRY J. 1389 FOX FORREST CIR. APOPKA FL	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	32712
CITY	V BELL, JAMES K. 503 MAJORCA AVE. ALTAMONTE SPRINGS FL 32714	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 1994 Florida Statutes). I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect and make certain rights that have an effect on this part of the corporation or the interest of trustee as provided for in the report as required by Chapter 1994 Florida Statutes, and that my name appears in block 13 of this report or an attachment with an address.

SIGNATURE: *James K. Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-788-0355