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

## **PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 151232 (6) TUCKER TAXI, INC.  Principal Place of Business Mailing Address  1019 W LEONARD PENSACOLA FL 32501-1374								
					<ol> <li>Date Incorporated or Qualifie</li> <li>06/02/1947</li> </ol>	1	ate of Last R <b>23/1996</b>	teport
2. Principal Pl	acc of Business	2a. Mailing Address		<del></del>	4. FEI Number			oplied For
1	M et	26			59-0566764			ot Applicable
Suite, Apt. #, etc. 2		Suite, Apt #, etc.		<b>5.</b> Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	!	City & State			6. Election Campaign Financing		\$5.00	May Be
<u>3</u>	Country	<b>28</b>	Country		Trust Fund Contribution		****	to Fees
4	25	29	30	,	This corporation has liability f     Florida Statutes	or intangible		. 199.032,
	9. Name and Address of Curre			T 7.	10. Name and Address of New	Registered	Agent	
	LY, BEN C.		81	Name				
	9 W. LEONARD ST. ISACOLA FL 32501		82	Street Add	Iress (P.O. Box Number is Not Accep	table)		
, ,	0.000110 0.001		83				······································	
			84	City		FL	<b>85</b> Zip	Code
							_ ! !	
11. Parsuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta e of Florida, Such change wa	tutes, the abov	<b>'</b>	poration submits this statement for th	e purpose o	f changing i	ts registered
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig			e-named cor y the corpora s.	poration submits this statement for th ation's board of directors. I hereby ac area when reinstating)	e purpose o cept the app	f changing i pointment as	ts registered registered
SIGNATURE	Signal of graded have of regalered ag OFFICERS AN	ort and title if applicable (NO DIRECTORS	OTE: Registered Ag	e-named cor y the corpora s.		e purpose o cept the app DATE	D DIRECTOR	RS IN 12
SIGNATURE  12.	OFFICERS AN	ert and the if applicable (N	4OTE: Registered Age 13. 1.1 TITLE	e-named cor y the corpora s.	ired when reinstating)	e purpose o cept the app DATE		
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SIGNATUR:  12.  DILT  NAME SHEEL ADDRESS	OFFICERS AN	ort and title if applicable (NO DIRECTORS	VOTE: Registered Age 13. 1.1 TITLE 1.2 NAME	e-named cory the corpora's.  ent signature required to ADDRESS	ired when reinstating)	e purpose o cept the app DATE	D DIRECTOR	RS IN 12
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Ben C. Early

04/17/97

(904)469-1620

**FILED** 

Apr 25 1997 8:00am

Secretary of State

( 83944