

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90200 048 ***150.00

DOCUMENT # 151438

1. Corporation Name

YELLOW CAB COMPANY OF ST PETERSBURG INC.

Principal Place of Business

701 - 9TH STREET, SOUTH
P.O. BOX 12675
ST. PETERSBURG FL 33733-2675

Mailing Address

701 - 9TH STREET, SOUTH
P.O. BOX 12675
ST. PETERSBURG FL 33733-2675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1947

4. FEI Number

59-0573493

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PLECAS, JOHN R.
701 9TH STREET SOUTH
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name John R. Plecas
82 Street Address (P.O. Box Number is Not Acceptable)
11901 30th Court No.
83
84 City St. Petersburg FL 85 Zip Code 33716

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

JOHN R. PLECAS, JOHN R. PLECAS

APRIL 19 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BOND, MARY ANNE	701 9TH ST S	ST PETERSBURG FL	<input type="checkbox"/>
C	SHOUPPE, BYRON C JR	701 9TH ST S	ST PETERSBURG FL	<input type="checkbox"/>
ST	MCLEAN, BRENT S.	701 9TH ST S	ST PETERSBURG FL	<input type="checkbox"/>
D	SHOUPPE, GARY	701 9TH ST S	ST PETERSBURG FL	<input type="checkbox"/>
D	MCLEAN, SUSAN	701 9TH ST. S.	ST PETERSBURG FL	<input type="checkbox"/>
P	PLECAS, JOHN, R	701 9TH ST., S	ST PETERSBURG FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		P.O. Box 12675	St. Petersburg, Fl. 33733	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN R. PLECAS, JOHN R. PLECAS APRIL 19 1999 578-1111

CR2E034 (1/198)