FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **182262** **(6)**

1. Corporation Name
CITY CAB COMPANY OF ORLANDO INC

Principal Place of Business	Mailing Address
% SWANN AND ASSOCIATES, P.A. 1031 W. MORSE BLVD., SUITE 200 WINTER PARK FL 32789	% SWANN AND ASSOCIATES, P.A. 1031 W. MORSE BLVD., SUITE 200 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1954
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21: 324 W. Gore St
22 Suite, Apt. #, etc.:
23 City & State: Orlando Florida
24 Zip: 32806 25 Country: USA

2a. Mailing Address: c/o Swann, Hadley
26: Denion & Alvarez, P.A.
27 Suite, Apt. #, etc.: Suite 270
28 City & State: 1031 W. Morse Blvd.
Winter Park, FL
29 Zip: 32789 30 Country: USA

4. FEI Number: 59-0729149 ☐ 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

SWANN AND ASSOCIATES, P.A.
1031 W. MORSE BLVD., SUITE 200
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Swann, Hadley, Denion, & Alvarez, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1031 W. Morse Blvd.
83: Suite 270
84 City: Winter Park 85 FL Zip Code: 32789

11. Pursuant to the provisions of Section 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] Richard R. Swann, President 3-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TS	11 TITLE		☐ Change ☐ Addition
NAME	CARNS, CHARLES E JR.	12 NAME		
STREET ADDRESS	324 W.GORE ST.	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	MEARS JR,PAUL S	22 NAME		
STREET ADDRESS	324 W GORE ST.	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	D/COB	31 TITLE	D/COB	☒ Change ☐ Addition
NAME	MEARS, PAUL S SR.	32 NAME		
STREET ADDRESS	324 W. GORE STREET	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	SEARCY, ROBERT A.	42 NAME		
STREET ADDRESS	324 W GORE ST.	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	MEARS, JAMES L.	52 NAME		
STREET ADDRESS	324 W. GORE ST.	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	MEARS, JONATHAN P.	62 NAME		
STREET ADDRESS	324 W. GORE ST.	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	64 CITY ST 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)(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.

SIGNATURE: [signature] Charles E. Carns, Jr. 3/14/95 407/422-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048782 CP