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

1. Corporation Name
CITY CAB COMPANY OF ORLANDO INC

Principal Place of Business
324 W. GORE ST
ORLANDO FL 32806
US

Mailing Address
% SWANN AND ASSOCIATES. P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified: 12/20/1954
3a. Date of Last Report: 04/04/1995

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

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

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

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: 1-26-96
Signature typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature in item 11 when current filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	TS	☐ DELETE
NAME	CARNS, CHARLES E JR.	
STREET ADDRESS	324 W.GORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	MEARS JR,PAUL S	
STREET ADDRESS	324 W GORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DCOB	☐ DELETE
NAME	MEARS, PAUL S SR.	
STREET ADDRESS	324 W. GORE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	SEARCY, ROBERT A.	
STREET ADDRESS	324 W GORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	MEARS, JAMES L.	
STREET ADDRESS	324 W. GORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	MEARS, JONATHAN P.	
STREET ADDRESS	324 W. GORE ST.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	200001733182 -03/05/96--01120--006 ***200.00	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Charles E. Carns Jr. 2/16/96 422-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)