

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90085 023 ***150.00

DOCUMENT # 182262

1. Corporation Name

CITY CAB COMPANY OF ORLANDO INC

Principal Place of Business

324 W. GORE ST
ORLANDO FL 32806
US

Mailing Address

% SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1954

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

T ☐ DELETE

NAME
CARNES, CHARLES E JR.
STREET ADDRESS
324 W.GORE ST.
CITY-ST-ZIP
ORLANDO FL

PD ☐ DELETE

NAME
MEARS JR,PAUL S
STREET ADDRESS
324 W GORE ST.
CITY-ST-ZIP
ORLANDO FL

DCOB ☐ DELETE

NAME
MEARS, PAUL S SR.
STREET ADDRESS
324 W. GORE STREET
CITY-ST-ZIP
ORLANDO FL

VP ☐ DELETE

NAME
SEARCY, ROBERT A.
STREET ADDRESS
324 W GORE ST.
CITY-ST-ZIP
ORLANDO FL

VD ☐ DELETE

NAME
MEARS, JAMES L.
STREET ADDRESS
324 W. GORE ST.
CITY-ST-ZIP
ORLANDO FL

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
BAKER, TIMOTHY L.
1.3 STREET ADDRESS
324 W. GORE ST.
1.4 CITY-ST-ZIP
ORLANDO, FL

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

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 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:

Timothy Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

407 422-4561

Daytime Phone #

CR2E034 (11/98)