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

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **319014** **(7)**

1. Corporate Name
GREY TAXICAB SERVICE INC

Principal Place of Business
1311 N. 25TH STREET
FT. PIERCE FL 34947

Mailing Address
1311 N. 25TH STREET
FT. PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/20/1967**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
Suite Apt. # (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite Apt. # (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: **59-1171898** ☐ 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

ALEXANDER, SANDRA R.
1311 N. 25TH STREET
FT. PIERCE FL 34947

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 Section(s) 607.1005 and 607.1008, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1(a) TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	REDDICK, JAKE	2 NAME	
STREET ADDRESS	1311 N. 25TH STREET	3 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	4 CITY ST ZIP	
2(a) TITLE	P	5 TITLE	☐ Change ☐ Addition
NAME	REDDICK, DAISY	6 NAME	
STREET ADDRESS	1311 N. 25TH STREET	7 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	8 CITY ST ZIP	
3(a) TITLE	VP	9 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, SANDRA	10 NAME	
STREET ADDRESS	1311 N. 25TH STREET	11 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	12 CITY ST ZIP	
4(a) TITLE	ST	13 TITLE	☐ Change ☐ Addition
NAME	WITHERSPOON, A'LISA	14 NAME	
STREET ADDRESS	2509 AVENUE N, #A	15 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	16 CITY ST ZIP	
5(a) TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
6(a) TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemptions 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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jake Reddick Jake Reddick 404-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
28 April 1995

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