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 FEB 14 PM 4:18

DOCUMENT # **412803** **(9)**

1. Corporation Name

YELLOW CAB OF PENSACOLA, INC

Principal Place of Business	Mailing Address
1019 W LEONARD ST. P.O. BOX 18647 PENSACOLA FL 32523-5647	P. O. BOX 18650 P.O. BOX 18647 PENSACOLA FL 32523-0650 US

DO NOT WRITE IN THIS SPACE

3. Date In Corporation Was Qualified: **11/14/1972**
3a. Date of Last Report: **07/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **59-1595726** — Applied For / Not Applicable

State, Apt. #, or Suite — 22
City & State — 23
Zip — 24 / Country — 25

State, Apt. #, or Suite — 27
City & State — 28
Zip — 29 / Country — 30

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. Does corporation owe liability for intangible tax under S. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EARLY BENJAMIN
1000 W. LEONARD ST.
PENSACOLA FL 32501

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 607.0501 and/or 607.1503, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	EARLY, BENJAMIN C	12 NAME	
13 STREET ADDRESS	1000 W. LEONARD ST.	13 STREET ADDRESS	
14 CITY, ST, ZIP	PENSACOLA FL	14 CITY, ST, ZIP	
21 TITLE	S	21 TITLE	☐ Change ☐ Addition
22 NAME	HALL MYRTLE	22 NAME	
23 STREET ADDRESS	3555 BAYOU BLVD.	23 STREET ADDRESS	
24 CITY, ST, ZIP	PENSACOLA FL	24 CITY, ST, ZIP	
31 TITLE	V	31 TITLE	☐ Change ☐ Addition
32 NAME	EARLY, CATHERINE	32 NAME	
33 STREET ADDRESS	825 BAYSHORE DR., #708	33 STREET ADDRESS	
34 CITY, ST, ZIP	PENSACOLA FL	34 CITY, ST, ZIP	
41 TITLE	V	41 TITLE	☐ Change ☐ Addition
42 NAME	EARLY, BENJAMIN J	42 NAME	
43 STREET ADDRESS	926 E. AVERY ST.	43 STREET ADDRESS	
44 CITY, ST, ZIP	PENSACOLA FL	44 CITY, ST, ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: C.B. Early
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

1 26 95 — Date
(904) 432-1679 — Daytime Phone #

0460786 FP