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 # **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 32523-8650 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/14/1972**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-1595726** ☐ 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

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 607.0502 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's signature required for commercial filings) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EARLY, BENJAMIN C		1.2 NAME		
STREET ADDRESS	1000 W. LEONARD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL MYRTLE		2.2 NAME		
STREET ADDRESS	3555 BAYOU BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	EARLY, CATHERINE		3.2 NAME	Catherine Allebach	
STREET ADDRESS	825 BAYSHORE DR., #708		3.3 STREET ADDRESS	730 Halcyon Circle	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola, Fl. 32506	
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	EARLY, BENJAMIN J		4.2 NAME	Early, Jr., Benjamin C.	
STREET ADDRESS	926 E. AVERY ST.		4.3 STREET ADDRESS	3811 Maule Rd	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola, Fl. 32503	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Ben Early — 4/18/96 — 904-469-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ben Early