


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 412803
1. Corporation Name
YELLOW CAB OF PENSACOLA, INC

Principal Place of Business
**1019 W LEONARD ST.
P.O. BOX 18647
PENSACOLA FL 32523-5647**

Mailing Address
**1 RIVERWAY
SUITE 500
HOUSTON TX 77056
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1972	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1595726	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	EARLY, BENJAMIN C	
STREET ADDRESS	1000 W. LEONARD ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP/S	<input type="checkbox"/> DELETE
NAME	CERNY, DOUGLAS M	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX-77056	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	KING, LAWRENCE	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KRISTINIK, RICHARD H	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	ACS	<input type="checkbox"/> DELETE
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	TACS	<input type="checkbox"/> DELETE
NAME	TURNER, RAYMOND	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<i>See Attached Sheet</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephanie A. Thomas
STEPHANIE A. THOMAS 1/28/99 713-860-1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

240313-90082-40
#412803

Directors, Officers Report

Yellow Cab of Pensacola, Inc.

Thursday, January 21, 1999

DIRECTORS

Douglas M. Cerny **Director**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

Lawrence King **Director**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

John Mercadante, Jr. **Director**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

OFFICERS

Douglas M. Cerny **Vice President and Corporate Secretary**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

Benjamin C. Early **President**
Primary Address: 15 West Strong Street, Suite 20-B
Pensacola, FL 32501 USA

Lawrence King **Chief Executive Officer**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

Michael Sanchez **Assistant Corporate Secretary**
Primary Address: One Riverway, Suite 500
Houston, Texas 77056 USA

Stephanie Thomas **Assistant Corporate Secretary**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA

Raymond Turner **Treasurer and Assistant Corporate Secretary**
Primary Address: Coach USA, Inc.
One Riverway, Suite 500
Houston, TX 77056-1921 USA