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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 596729 (4)

1. Corporation Name
CENTRAL FLORIDA LIMOUSINE, INC.

Principal Place of Business
2101 E MAIN ST
LAKELAND FL 33801

Mailing Address
2101 E MAIN ST
LAKELAND FL 33801-2428



3. Date Incorporated or Qualified 12/08/1978
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number 59-1874262
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

10. Name and Address of New Registered Agent

SILVER WYNN
2101 E MAIN STREET
LAKELAND FL 33801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME SILVER, WYNN
STREET ADDRESS 2101 E MAIN ST
CITY-ST-ZIP LAKELAND, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE P
NAME SILVER, JOHN WYNN
STREET ADDRESS 2101 E. MAIN ST.
CITY-ST-ZIP LAKELAND, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE S
NAME ALLEN, DONNA J.
STREET ADDRESS 2101 E MAIN STREET
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Silver

1-10-97

Date

944-665-8155

Daytime Phone #

0388640

CR2E034 (9/96)