

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 1999 8:00 am
Secretary of State

02-10-1999 90014 047 ***150.00

DOCUMENT # 596729

1. Corporation Name
CENTRAL FLORIDA LIMOUSINE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 E MAIN ST
LAKELAND FL 33801

Mailing Address

2101 E MAIN ST
LAKELAND FL 33801

3. Date Incorporated or Qualified

12/08/1978

4. FEI Number

59-1874262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

21. Principal Place of Business

22. Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

SILVER WYNN
2101 E MAIN STREET
LAKELAND FL 33801

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

I, the undersigned, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)