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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90139 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G22891

1. Corporation Name  
TAXI-TRUCK OF AMERICA, INC.

Principal Place of Business  
P.O. BOX 950  
NEW RIVER STATION  
FORT LAUDERDALE FL 33302

Mailing Address  
P.O. BOX 950  
NEW RIVER STATION  
FORT LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/07/1983

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CAMILLO, JOHN, M  
1300 W COMMERCIAL BLVD  
FORT LAUDERDALE FL 33309

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

221 W. OAKLAND PARK BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

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.

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GADDIS, JESSE P  
STREET ADDRESS 517 N FEDERAL HWY  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

☐ DELETE

TITLE D  
NAME GADDIS, MICHAEL  
STREET ADDRESS 517 N. FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE VD  
NAME MORGAMAN, PHILIP E.  
STREET ADDRESS 1600 W COMMERCIAL BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

JESSE P. GADDIS  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)