SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H39049

HIGHLANDS YELLOW CAB, INC.

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APPROVED P3192



Principal Place of Business Mailing Address 3717 CRAIG AVE. 3717 CRAIG AVE. SEBRING FL 33870 SEBRING FL 33870 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified. 3a. Date of Last Report 01/22/1985 03/06/1996 4. FEI Number Mailing Address Applied For 2. Principal Place of Business 2a. 26 Not Applicable 21 NOT APPLICABLE Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CORDOVANO, STEVEN P. 3717 CRAIG AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 83 84 City 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 (NOTE: Registered Agent signature required when ministating) Signature, typed or ponted name of registered agent and lifte if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition TITLE 1.1 TITLE CORDOVANO, STEVEN P. 1.2 NAME NAME STREET ADDRESS 3717 CRAIG AVE. 1.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 14 CHY-S1-7IP 10000224764****-013 -07/24/97--01098--013 ****165.00 ****165.0 DELETE ______Addition TITLE 2.1 THUE NAME CORDOVANO, THERESA A. 2.2 NAME ****165.00 3717 CRAIG AVE. 2.3 STREET, ADDRESS STREET ADDRESS SEBRING FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME CORDOVANO, MARY L. 3.2 NAME 3302 COROMORANT PT DR. STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP Sebring Fl 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITL 5.1 TITLE 5.2 NAME NAMI 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **G.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 Statutos. If 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.

LIB 251 Schilling In January I mailed our acting fee. The check pywas lost somewhere in our bustine Post office in the sky. Fam Nation Submitting a nother check for A165.00 as instructed by the Div. of Corps. operator. Sorry chart yabout the mix-up 100.

Thank you.

Theresa Cordovano

HIGHIANDSYELLOWCAB

2017 Theresa Cordovano