

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12: 07

DOCUMENT # H76268 (2)
1. Corporation Name
CARE RIDE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
3000 34TH ST S, STE K C/O RONALD B. JOHNSON ST. PETERSBURG FL 33711 US		3000 34TH ST S, STE K ST PETERSBURG FL 33711 US	
2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date incorporated or Qualified	
Suite, Apt. #, etc.		09/17/1985	
City & State		3a. Date of Last Report	
23		03/29/1994	
Zip	Country	4. FEI Number	
24	25	59-2577603	
29		Applied For	
Country		Not Applicable	
27		5. Certificate of Status Desired	
City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		6. Election Campaign Financing	
City & State		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		Trust Fund Contribution	
Country		<input type="checkbox"/>	
30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, RONALD B. 3000 34TH ST S, STE K ST. PETERSBURG FL 33711				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	DST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RONALD B.	1.2 NAME	
STREET ADDRESS	3000 34TH ST S, STE K	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DOUGLAS M.	2.2 NAME	
STREET ADDRESS	3000 34TH ST S, STE K	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEL, WILLIAM R.	3.2 NAME	
STREET ADDRESS	3000 34TH ST S, STE K	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Ronald B. Johnson* **Ronald B. Johnson** DIR 3/29/95 (913) 866-1193
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR