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**95 MAY -1 PM 3:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H89540 (9)**  
1. Corporation Name  
**TOWN & COUNTRY TAXI OF ST. AUGUSTINE, INC.**

Principal Place of Business Mailing Address  
**425 GERONA ROAD 425 GERONA ROAD  
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE.

|                                                 |         |                     |         |                                                        |                                |
|-------------------------------------------------|---------|---------------------|---------|--------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report        |
| 21                                              |         | 26                  |         | 12/10/1985                                             | 07/14/1994                     |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc. |         | 4. FEI Number                                          | Applied For                    |
| 22                                              |         | 27                  |         | 50-2509452                                             | Not Applicable                 |
| City & State                                    |         | City & State        |         | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23                                              |         | 28                  |         |                                                        |                                |
| Zip                                             | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24                                              | 25      | 29                  | 30      |                                                        |                                |
| 9. Name and Address of Current Registered Agent |         |                     |         | 10. Name and Address of New Registered Agent           |                                |

**BRADDOCK, GERALD K.  
425 GERONA RD.  
ST. AUGUSTINE FL 32084**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRADDOCK, GERALD K.     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 425 GERONA RD.          | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST. AUGUSTINE FL        | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | CEO                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DE ANTONIS JR., G. W.   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 222 SAN MARCO AVENUE    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST. AUGUSTINE FL        | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VO                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VAN DER MEYDEN, PATRICK | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 222 SAN MARCO AVENUE    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST. AUGUSTINE 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 119.07(3)(k), 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 007, 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

**4/2/95 904 224 5678**  
Date Daytime Phone #