FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H89540** **(9)**

1. Corporation Name
TOWN & COUNTRY TAXI OF ST. AUGUSTINE, INC.

Principal Place of Business
222 SAN MARCO AVE
ST. AUGUSTINE FL 32084

Mailing Address
222 SAN MARCO AVE
ST. AUGUSTINE FL 32084-2723

3. Date Incorporated or Qualified: 12/10/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2599452 [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
DEANTONIS, G.W.
222 SAN MARCO AVE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name: JAMES R OWENS
82 Street Address (P.O. Box Number is Not Acceptable): 222 SAN MARCO AVE
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James R Owens (Typed or Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-20-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [X] DELETE	1.1 TITLE	CEOD [X] Change [ ] Addition
NAME	DEANTONIS, J.M.	1.2 NAME	JAMES R. OWENS
STREET ADDRESS	222 SAN MARCO AVE	1.3 STREET ADDRESS	222 SAN MARCO AVE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084
TITLE	CEOD [X] DELETE	2.1 TITLE	PICS [X] Change [ ] Addition
NAME	DE ANTONIS JR., G. W.	2.2 NAME	PATRICK VANDERMEYDEN
STREET ADDRESS	222 SAN MARCO AVENUE	2.3 STREET ADDRESS	222 SAN MARCO AVE
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUG, FLA, 32084
TITLE	VO [ ] DELETE	3.1 TITLE	SEC [ ] Change [X] Addition
NAME	VAN DER MEYDEN, PATRICK	3.2 NAME	DENISE TUTTLE
STREET ADDRESS	222 SAN MARCO AVENUE	3.3 STREET ADDRESS	222 SAN MARCO AVE
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUG, FLA, 32084
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	600002225596--5
STREET ADDRESS		4.3 STREET ADDRESS	-06/27/97--01122--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****660.00 ****165.00
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 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.

SIGNATURE:

CR2EC84 (9/96)