FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J40075** **(0)**

1. Corporate Name
EXECUTIVE LIMOUSINE AND TOUR SERVICES, INC.

Principal Place of Business
310 COUNTY BLVD
KISSIMMEE FL 34741

Mailing Address
310 COUNTY BLVD
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1986**
3a. Date of Last Report: **05/01/1994**

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

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

4. FEI Number: **59-2724096** ☐ 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

SCHMIDT IRENE
310 COUNTRY BLVD
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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 Section 607.1005, 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
31 Type	P	32 Type ☐ Change ☐ Addition
33 Name	SCHMIDT IRENE	34 Name
35 Street Address	310 COUNTY BLVD	36 Street Address
37 City-State-Zip	KISSIMMEE FL	38 City-State-Zip
39 Type	S	40 Type ☐ Change ☐ Addition
41 Name	SCHMIDT CARL	42 Name
43 Street Address	310 COUNTRY BLVD	44 Street Address
45 City-State-Zip	KISSIMMEE FL	46 City-State-Zip
47 Type		48 Type ☐ Change ☐ Addition
49 Name		50 Name
51 Street Address		52 Street Address
53 City-State-Zip		54 City-State-Zip
55 Type		56 Type ☐ Change ☐ Addition
57 Name		58 Name
59 Street Address		60 Street Address
61 City-State-Zip		62 City-State-Zip
63 Type		64 Type ☐ Change ☐ Addition
65 Name		66 Name
67 Street Address		68 Street Address
69 City-State-Zip		70 City-State-Zip
71 Type		72 Type ☐ Change ☐ Addition
73 Name		74 Name
75 Street Address		76 Street Address
77 City-State-Zip		78 City-State-Zip

14. I hereby certify that the information supplied with this filing is absolutely true and correct, and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named on the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Irene Schmidt IRENE SCHMIDT 5-3-95 407-932-8165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374096 CP