

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J87706 (4)

1. Corporation Name

AVONDALE LIMOSINE SERVICE, INC.



Principal Place of Business

Mailing Address

4427 EMERSON ST.
JACKSONVILLE FL 32207

4427 EMERSON ST.
JACKSONVILLE FL 32207

2. Principal Place of Business

21 1565 Airport Road

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

Zip

24 32218

Country

25 USA

2a. Mailing Address

26 1565 Airport Road

Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE FL

Zip

29 32218

Country

30 USA

3. Date Incorporated or Qualified

08/10/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2915579

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

BLACK, LOUIS E.
4427 EMERSON ST.
BLDG 2
JACKSONVILLE FL 32207

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 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 of officer or director of corporation (not applicable)

(If the Registered Agent signature is required when re-registering)

(62)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BLACK, LOUIS
STREET ADDRESS 4427 EMERSON ST., BLDG. 2
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louis Black

President

6/10/96 (904) 741-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR