

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:16

DOCUMENT # J90807 (5)  
1. Corporation Name  
CENTRAL FLORIDA TAXI & TOUR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
9712 SOUTH ORANGE AVENUE 9712 SOUTH ORANGE AVENUE  
ORLANDO FL 32824 ORLANDO FL 32824  
US US

3. Date Incorporated or Qualified 09/03/1987 3a. Date of Last Report 05/13/1994  
4. FEI Number 59-2842287 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

2. Principal Place of Business 2b. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

MAGRUDER, ROBERT C. SA.  
1455 SOUTH CHICKASAW TRAIL  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name MAGRUDER, ROBERT C. SA.  
82 Street Address (P.O. Box Number is Not Acceptable) 1639 ENSENADA DR.  
83  
84 City ORLANDO FL 85 Zip Code 32825

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 *ROBERT C. MAGRUDER SR.* *Robert C. Magruder Sr.* 2-21-95  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MAGRUDER, ROBERT C. S
STREET ADDRESS	1455 S. CHICKASAW TRAIL
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	V
NAME	MAGRUDER, ROBERT C. JR
STREET ADDRESS	5996 BENT PINE DRIVE, APT. 3110
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAGRUDER, ROBERT C. S	
13 STREET ADDRESS	1639 ENSENADA DR.	
14 CITY-ST-ZIP	ORLANDO, FL 32825	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MAGRUDER, ROBERT. JR	
23 STREET ADDRESS	988 LITTLE CREEK RD.	
24 CITY-ST-ZIP	ORLANDO, FL 32825	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 118.07(2)(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. 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: *Robert C. Magruder Sr.* Pres. 2/21/99 487-851-7523  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR TITLE TELEPHONE NUMBER