FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K23730

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

YELLOW CAB OF NAPLES, INC.

4651 Arnold AUR

But any a regress comment in a settle of	, · -	
		 •• .
Principal Place of Business	Mailing Address	
-5500-HOUGHIN-ST	2725 70TH ST., SW	
NAPLES FL 34109	NAPLES FL 34105	
He	115	

26

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90054 029 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required, \$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/12/1988

65-0228760

4. FEI Number

City & State	S State City & State			-	6. Election Campaign Financing	□ \$5.00 May Be Added to Fees	
23		28	0		Trust Fund Contribution		O Fees
Zip ₹ A	NOA [25] Country	Zip 3	Country		This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent	
			81	Name			
BAIS	LEY, PATRICIA			0	description of the second seco	· - ···	
2725 70TH ST., SW NAPLES FL 34105			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
			83	83			
}							
			84	City		FL 85 Zip C	
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligati	f Florida. Such change was aut	thorized by	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	ippointment as ret	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	t signature requi	red when reinstating) OAT		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BAISLEY, PATRICIA		1.2 NAME				
STREET ADDRESS	2725 70TH ST., SW		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34105		1.4 CITY-ST	r-ZIP			
TITLE .		☐ DELETË	2.1 TITLE			☐ Change	☐ Addition]
NAME	·		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	, 5		2, 4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	a sate milit		4.3 STREET	ADDRESS			
CITY-ST-ZIP	į į		4.4 CITY+S1	r-ZiP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP			
TITLE	- APPROX.	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST	T-ZIP			

14. I 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, exon an attachment with an address, with all other like empowered.