FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

B.15000 240

APPROVED AND FILED

95 FEB 27 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92594** **(4)**

1. Corporation Name
WARD LIMO, INC.

Principal Place of Business	Mailing Address
8297 BLUE CYPRESS DR 1165 RAINTREE LANE LAKE WORTH FL 33467 US	8297 BLUE CYPRESS DR LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1988**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business
21: 1115 STAGHORN ST
22: Suite, Apt. #, etc.
23: West Palm Beach, Fl
24: Zip 33414-8572 25: Country U.S.A.

2a. Mailing Address
26: 1115 STAGHORN ST
27: Suite, Apt. #, etc
28: West Palm Beach, Fl
29: Zip 33414-8572 30: Country U.S.A.

4. FEI Number: **65-0070281** ☐ 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

WARD, GEORGE E.
8297 BLUE CYPRESS DR
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: ADDRESS CHANGE ONLY: WARD, GEORGE E.
82 Street Address (P.O. Box Number is Not Acceptable): 1115 STAGHORN ST
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33414-8572

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	WARD, GEORGE E.	12 NAME	ADDRESS CHANGE ONLY
STREET ADDRESS	8297 BLUE CYPRESS DR	13 STREET ADDRESS	1115 STAGHORN ST
CITY-ST-ZIP	LAKE WORTH FL	14 CITY ST ZIP	WEST PALM BEACH FL 33414-8572
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WARD, PATRICIA I.	22 NAME	ADDRESS CHANGE ONLY
STREET ADDRESS	8297 BLUE CYPRESS DR	23 STREET ADDRESS	1115 STAGHORN ST
CITY-ST-ZIP	LAKE WORTH FL	24 CITY ST ZIP	WEST PALM BEACH FL 33414-8572
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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: George E Ward (GEORGE E. WARD) FEB 21st 95 (407)791-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0272720 CP