SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000723 (6)

1. Corporation Name

THE CAB STAND, INC.

Principal Place of Business	Mailing Address
1019 N MONROE ST TALLAHASSEE FL 32303 US	1019 N MONROE TALLAHASSEE FL 32303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1992	3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-3148932	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

GUERINO, JAMES R
6964 AZUSA ROAD
TALLAHASSEE FL 32311

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 607.0502 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 _____ NEW Registered Agent's signature if registered agent is changing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CLARK, CHRISTINE M	52 NAME	
STREET ADDRESS	3436 ROSEMONT RIDGE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	54 CITY-ST-ZIP	
TITLE	D	71 TITLE	☐ Change ☐ Addition
NAME	CLARK, CHRISTOPHER R	72 NAME	
STREET ADDRESS	3436 ROSEMONT RIDGE	73 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	74 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME	Floyd, Clinard	92 NAME	
STREET ADDRESS	1071 Copper Creek	93 STREET ADDRESS	
CITY-ST-ZIP	Tall FL 32311	94 CITY-ST-ZIP	
		41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	
		81 TITLE	☐ Change ☐ Addition
		82 NAME	
		83 STREET ADDRESS	
		84 CITY-ST-ZIP	

14. (Required) I hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Christine M Clark 6/30/95 576-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
224-0342

0004987 CP

CR2E034 (3/95)