

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P92000000723 (6)**

1. Corporation Name  
**THE CAB STAND, INC.**

Principal Place of Business

1019 N MONROE ST  
TALLAHASSEE FL 32303  
US

Mailing Address

1019 N MONROE  
TALLAHASSEE FL 32303  
US

APPROVED  
AND  
FILED

98 NOV -5 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, CHRISTOPHER R  
1019 N MONROE STREET  
TALLAHASSEE FL 32303

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

*Christopher R. Clark*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CLARK, CHRISTINE M  
STREET ADDRESS 2032 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ DELETE

NAME CLARK, CHRISTOPHER R  
STREET ADDRESS 2032 ATASCADERO CT  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☒ DELETE

NAME FLOYD, CLIFFORD  
STREET ADDRESS 1071 COPPER CREEK  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-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, or on an attachment with an address.

SIGNATURE:

*Christopher R. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/98 850-224-1175

Date

Daytime Phone #

CR2E034 (5/98)

0007443