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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000011021

1. Corporation Name
CHECKER CAB OF FT. WALTON & DESTIN INC.

Principal Place of Business	Mailing Address
C/o George J. Johns 113 WINDHAM FT. WALTON, FL 32547	C/o George J. Johns 113 WINDHAM FT. WALTON, FL. 32547

3. Date Incorporated or Qualified: 1-29-93	3a. Date of Last Report: 3-27-96		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3162-010	☐ Applied For ☐ Not Applicable
21: 113 Windham	26: 703 W. 13th ST.		
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: FT. WALTON, FL.	City & State 28: Panama City, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 32547 Country 25: Okaloosa	Zip 29: 32401 Country 30: Bay	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Johns, George. J 113 WINDHAM FT. WALTON, FL. 32547	81 Name: Johns, George J. 82 Street Address (P.O. Box Number is Not Acceptable): 703 W. 13th ST. 83: 84 City: Panama City FL 85 Zip Code: 32401

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	George J. Johns		1.2 NAME		
STREET ADDRESS	703 W 13th ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Panama City, FL. 32401		1.4 CITY-ST-ZIP		
TITLE	VTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Ruth M. Johns		2.2 NAME		
STREET ADDRESS	703 W. 13th ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Panama City, FL. 32401		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		CS 5/20/97
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002198852	
STREET ADDRESS			6.3 STREET ADDRESS	-06/03/97--01004--027	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***825.00	

CR2E034 (9/96)

14. I do 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: _____ 509-783-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #