FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90124 047 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000011021**1. Corporation Name

Principal Place of Business

CHECKER CAB OF FT. WALTON & DESTIN, INC.

113 WINDHAM FT. WALTON BE	EACH FL 32548	703 W. 13TH ST Panama City FL 32401								DO 1	IOT W	OITE I	INI TL 16	C CDACE			
US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
								1 -		.		Quan	Çu				
2 Dringing Di	nee of Business	22 1/2	2a. Mailing Address					02/05/1993 4. FEI Number						Applied For			
─	ace of Business	<u> </u>						59-3162010					Not Applicable				
Suite, Apt. 7	t atc	26	Suite, Apt. #, etc.						08-0 1	וטבע.ונ					\$8		dditional
— ''	+, Etc.	├ ──	27				5. Certifcate of Status De			esired		J	,		uired		
City & State	<u> </u>	·	City & State						Electic r	n Camp	aign Fi	inancir	20		\$5	በበ	May Be
23	·	28	28					6. Electic n Campaign Financing Trust Fund Contribution					Added to Fees				
Zip	Country					I			This corporation owes the current year Int							ΩN ₀	
24	25	30					Personal Property Tax.					☐ Yes		MO			
	9. Name and Address of Curren	81	10. Name and Address of New Registered Agent														
1019	UC OFORCE I			ĺ	91	war	ne										ĺ
	NS, GEORGE J W. 13TH STREET					Stre	Street Address (P.O. Bok Number is Not Acceptable))	·			
	AMA CITY FL 32401			ļ	83	_					-						
					84	City									85	Zip (ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1	508, Florida Statu	ites, the al	DOVE	∟ e-nam	ed con	poration s	submit	s this st	ateme	nt for t	the pur	nose o	f changir	ig its	registered
office or re	edistered agent or both in the State	of Florida, S	Such change was a	authorized	DV 1	the c	orpoi ati	tion's boa	ard of d	directors	. I here	eby ac	cept th	e appo	ointment :	as re	istered
agent Far	n familiar with, and accept the obliga	nons of, Se	ction 607.0505, ric	oriua Stati	nes.	•											
SIGNATURE	Signature, typed or printed riame of registered age:	t and title if app	icable (NCT	E: Registered	Agen	t signat	ure re juir	red when rein	nstatinį)					DATE			
12.	OFFICERS AN			13.						NS/CH	ANGE	s to	OFFIC	ERS A	ND DIRE	CTC	RS IN 12
TITLE	P	·	☐ DELETE	1,1 TIT	LE		\neg								☐ Cha	inge	☐ Addition
NAME	JOHNS, GEORGE J			1.2 NA	ME		Ì										
STREET ADDFESS	703 W 13TH ST			1.3 ST	REET	ADDRE	SS										
CITY-ST-ZIP	PANAMA CITY FL 32401			1.4 CH			}										
TITLE	VTS		☐ DELETE	2.1 TIT								_			Cha	ange	Addition
NAME	JOHNS, RUTH M			22 NA	22 NAME												
STREET ADDITESS	703 W. 13TH ST					ADDRI	ss										
	PANAMA CITY FL 32401			2. 4 CI													}
CITY-ST-ZIP TITLE	FANAMA CITT L 32401		☐ DELETE	3.1 TIT											☐ Cha	inge	Addition
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CITY-ST-ZIP				5.4 CF	TY- \$1	T-ZIP											
TITLE			☐ DELETE	6.1 TIT	TLE.		_ _								Cha	ange	Addition
NAME				62 NA	ME		1										
STREET ADDRESS				63 ST	REET	ADDRI	ESS										
CITY-ST-ZIF					6.4 CITY- ST- ZIP										[

14. Theraby 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, with all other like empowere 3.

SIGNATURE:

VI PRESIDENT