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

FILED
95 MAY -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022835 (1)**

1. Corporation Name
CHECKER CAB OF GAINESVILLE INC.

Principal Place of Business	Mailing Address
321 SE 1ST ST. GAINESVILLE FL 32601	7200 SW 8TH AVE R112 GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business 21 7200 S.W. 8th Ave, R112	2a. Mailing Address 26 7200 SW 8th Ave
Suite, Apt. #, etc. 22 R112	Suite, Apt. #, etc. 27 R112
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32607 / 25 Alachua	Zip / Country 29 32607 / 30 Alachua

4. FEI Number: 59-3192693 ☐ 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	10. Name and Address of New Registered Agent
BANKS, SIM H III 321 SE 1ST ST. GAINESVILLE FL 32607	91 Name: Sim H Banks III 92 Street Address (P.O. Box Number is Not Acceptable): 7200 SW 8th Ave 93 Condo R112 94 City: Gainesville FL 95 Zip Code: 32607

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 reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BANKS, SIM H III	12 NAME	
STREET ADDRESS	7200 SW 8TH AVE. CR112	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32607	14 CITY ST ZIP	
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	CHU, JEFF	22 NAME	Banks, Diane
STREET ADDRESS	321 SE 1ST ST.	23 STREET ADDRESS	7200 S.W. 8th Ave., R112
CITY ST ZIP	GAINESVILLE FL 32601	24 CITY ST ZIP	Gainesville, Fl 32607
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: Sim Banks III — Sim H Banks III — April 27, 1995 — 331-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033743 CP