

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022835 (1)

1. Corporation Name

CHECKER CAB OF GAINESVILLE INC.

Principal Place of Business

Mailing Address

7200 S.W. 8TH AVE.
R112
GAINESVILLE FL 32607
US

7200 SW 8TH AVE.
R112
GAINESVILLE FL 32607
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1801 NE 23 Ave		26 Same as Above		03/25/1993		05/01/1995	
22 Suite, Apt. #, etc B14-15		27 Same as Above		4. FEI Number		Applied For	
23 Gainesville, Florida		28 11		59-3192693		Not Applicable	
24 32601		29 11		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 US		30 17		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 (32), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKS, SIM H. III
7200 SW 8TH AVE
CONDO R112
GAINESVILLE FL 32607

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Sim H. Banks III

(NOTE: Registered Agent's signature required when re-registering)

06-29-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
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	
NAME	BANKS, DIANE	22 NAME	
STREET ADDRESS	7200 S.W. 8TH AVE., R112	23 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sim H. Banks III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 1996 (352) 331-9956
DATE DAYTIME PHONE #

CR2E034 (3/96)