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FILED
May 02 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 # P93000022835 (1)

1. Corporation Name

CHECKER CAB OF GAINESVILLE INC.



Principal Place of Business

1801 NE 23RD AVE
814-15
GAINESVILLE FL 32601
US

Mailing Address

7200 SW 8TH AVE.
R112
GAINESVILLE FL 32607-1888
US

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

08/08/1996

2. Principal Place of Business

21 1801 NE 23 AVE

Suite, Apt. #, etc.

22 B-14-15

City & State

23 Gainesville, Florida

Zip

24 32601

Country

25 USA

2a. Mailing Address

26 7200 SW 8th Ave

Suite, Apt. #, etc.

27 R112

City & State

28 Gainesville, Florida

Zip

29 32607

Country

30 USA

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

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

10. Name and Address of New Registered Agent

81 Name

Sim Hugh Banks III

82 Street Address (P.O. Box Number is Not Acceptable)

7200 SW 8th Ave R112

83

84 City

Gainesville

FL

85 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

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 P ☐ DELETE

NAME BANKS, SIM H III

STREET ADDRESS 7200 SW 8TH AVE. CR112

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VP ☐ DELETE

NAME BANKS, DIANE

STREET ADDRESS 7200 S.W. 8TH AVE., R112

CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Sim H. Banks III* April 23, 1997 (352) 331-8777

CR2E034 (9/96)