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Feb 12 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 # P93000045123 (5)

1. Corporation Name
UNION CAB, INC.

Principal Place of Business
3901 DR. MARTIN LUTHER KING BLVD.
STE. 112
FT. MYERS FL 33916
US

Mailing Address
3346 JEFFCOTT STREET
FORT MYERS FL 33916-5712



3. Date Incorporated or Qualified 06/21/1993
3a. Date of Last Report 08/19/1996

2. Principal Place of Business
21 3252 Palm Ave.
Suite, Apt. #, etc.
22
2a. Mailing Address
25 3252 Palm Ave.
Suite, Apt. #, etc.
27

23 City & State
FT. MYERS, FL
28 City & State
FT. MYERS FL
24 Zip 33901 25 Country U.S.A.
29 Zip 33901 30 Country U.S.A.

4. FEI Number 65-0425724
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

RAMSEY, CHARLES
3901 DR. MARTIN LUTHER KING BLVD.
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name JOSEPH H. GRIFFIN
82 Street Address (P.O. Box Number is Not Acceptable)
3252 Palm Ave.
83
84 City FT. MYERS FL 85 Zip Code 33901

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 Judith J. B. B. President
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, CHARLES	
STREET ADDRESS	3901 DR. MARTIN LUTHER KING BLVD.	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, MARY	
STREET ADDRESS	3346 JEFFCOTT STREET	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, V.P. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH H. GRIFFIN	
1.3 STREET ADDRESS	3252 Palm Ave.	
1.4 CITY - ST - ZIP	FT. MYERS, FL 33901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Judith J. B. B. 1-9-97 941-337-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)