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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000022832 (7)

SOPHISTICATED LIMO SERVICES, INC.

## **FILED** May 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                                |              |            |                    | -  | HADIO INDOFII |          |                     |            |
|---|--------------------------------|--------------|------------|--------------------|--|---------------|----------|---------------------|------------|
| 2516 SWEETHEART LN. 2516 SWEETHEART LN. PENSACOLA FL 32526 PENSACOLA FL 32526   |                                |              |            |                    |  |               |          |                     |            |
|   |                                |              |            |                    | DO NOT WRITE IN TH   | IIS SPACE     |          |                     |            |
|   |                                |              |            |                    | 3. Date Incorporated or Qualified 03/21/1994                     |               |          |                     | 7          |
| 2. Principal Place of Business 2a. Mailing Address  |                                |              |            |                    | 4. FEI Number  |               | App      | olied For           | 7          |
| 21 26   |                                |              |            |                    | 59-3300374   |               | Not      | Applicable          | <u>.</u>   |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |                                |              |            |                    | 5. Certificate of Status Desired                                 |               | .75 A    | dditional<br>gulred |            |
| City & State  | 28                             |              |            |                    | Election Campalgn Financing     Trust Fund Contribution          |               | .00 i    | May Be<br>Fees      |            |
| Zip Country   | Zip Coun                       |              |            | •                  | 8. This corporation owes or has paid the current year Intangible |               |          |                     |            |
| 24 25   | 29                             | 30           |            |                    | Personal Property Tax due June 30.                               | ☐ Yes         |          | No                  | ╛          |
| 9. Name and Address of Current  | Registered Agent               |              | B1         | Name               | 10. Name and Address of New Register                             | ed Agent      |          |                     | ]          |
| LEIGH, RAYMOND  |                                |              | "          | INAMIO             |  |               |          |                     |            |
| 2516 SWEETHEART LN.<br>PENSACOLA FL 32526   |                                |              |            | Street Addre       | Address (P.O. Box Number is Not Acceptable)                      |               |          |                     |            |
|   |                                |              | 83         |                    |  |               |          |                     | 7          |
|   |                                |              | 1          | City               |  | 85            | Zip C    |                     | 1          |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations. | and 607.1508, Florida Statut   | les, the at  | 00VB-      | named corpo        | pration submits this statement for the purpos                    | of chang      | ing its  | registered          | 1          |
| agent. I am familiar with, and accept the obligat   | ons of, Section 607.0505, Fi   | orida Stat   | utes.      | ne corporatio      | on's board of directors. I hereby accept the a                   | appointme     | nt as re | egistered           |            |
| SIGNATURE   |                                |              |            |                    |  |               |          |                     |            |
| Signalura, typed or printed name of registered apent  12. OF FICERS AND   |                                | E Registered | i Agent    | signature required | d when reinstaling) DAT  |               |          |                     | 46         |
| TITLE O/D   |                                |              | 1.1 TITLE  |                    | ADDITIONS/CHANGES TO OFFICERS A                                  |               |          | IN 12 Addition      | <b>∃</b> § |
| NAME LEIGH, RAYMOND   | - June                         | 1.2 NA       |            |                    |  | L) UII        | ai Ne    | MONION              | 15         |
| STREET ADDRESS 2518 SWEETHEART LN.  |                                |              |            | DORESS             |  |               |          |                     | 18         |
| CITY-ST-ZIP PENSACOLA FL 32526  |                                |              | TY-ST-     | 1                  |  |               |          |                     | ۱ü         |
| TITLE   | DELETE                         | 2.1 TIT      |            | 211                |  | ☐ Ch          | nae      | ☐ Addition          | -18        |
| NAME  |                                | 2.2 NA       |            |                    |  |               |          |                     |            |
| STREET ADDRESS  |                                | 2.3 ST       | REET AL    | DORESS             | .*   |               |          |                     |            |
| CITY-ST-ZIP   |                                | 2.4 CI       | TY-ST-     | - <b>2</b> IP      |  |               |          |                     |            |
| THLE  | DELETE                         | 3.1 TIT      | LE         |                    |  | Cha           | inge     | ☐ Addition          | 1          |
| NAME  |                                | 32 NA        | ME         |                    |  |               |          |                     |            |
| STREET ADDRESS  |                                | 3.3 ST       | REET AC    | DORESS             |  |               |          |                     |            |
| CITY-ST-ZIP   |                                | _            | TY-ST-     | ZIP                |  |               |          |                     | ╛          |
| TITLE   | DELETE                         | 4110         | LE         | - 1                |  | ☐ Cha         | nge      | Addition            | 1          |
| NAME  |                                | 4. 2 N       | <b>LME</b> |                    |  |               |          |                     |            |
| STREET ADDRESS  |                                | 4.3 ST       | REET AC    | ODRESS             |  |               |          |                     |            |
| CITY-ST-ZIP   |                                |              | Y-ST-      | ZIP                |  |               |          |                     |            |
| TITLE   | ☐ DELETE                       | 5.1 ¥iT      |            |                    |  | Cha           | nge      | Addition Addition   |            |
| NAME  |                                | 5.2 NA       |            |                    |  |               |          |                     |            |
| STREET ADDRESS  |                                |              | REET AD    |                    |  |               |          |                     |            |
| CITY-ST-ZIP   | DELETE                         |              | Y-ST-      | ZIP                |  | - P-1         |          | 1 4 7 100           | 4          |
| TITLE   | DELETE                         | 6.1 717      |            |                    |  | L Cha         | nge      | Addition            |            |
| NAME<br>STREET ADDRESS  | Λ                              | 6.2 NA       |            | ام                 |  |               |          |                     |            |
| STREET ADDRESS  |                                | /\ <b>.</b>  | REET AD    | /                  | ()   |               |          |                     | 1          |
| City-St-ZiP 14. hereby certify that the information supplied with   | this filing does not qualify f |              | Y-ST-      |                    | action 119.07(3)(i), Florida Statutes. I further                 | certify the   | t the in | formation           | 1          |

SIGNATURE: