

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029767 (8)

1. Corporation Name

YELLOW CAB OF COLLIER COUNTY, INC.

Principal Place of Business

3455 WESTVIEW DR  
NAPLES FL 33942

Mailing Address

3455 WESTVIEW DR  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

4. FEI Number

☒ 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

2. Principal Place of Business

21 5500 Houchin St.

2a. Mailing Address

26 5500 Houchin St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

24 33942

Country

Zip

29 33942

Country

30

9. Name and Address of Current Registered Agent

BAISLEY, PATRICIA M  
2725 70TH ST SW  
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME BAISLEY, PATRICIA M  
STREET ADDRESS 2725 70TH ST SW  
CITY - ST - ZIP NAPLES FL 33999

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia M Baisley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

(813) 594-8888

Date

Telephone