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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000007070 (2)**

1. Corporation Name

EXQUISITE LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
745 LAKE SWOOPE DRIVE LAKE ALFRED FL 33850	745 LAKE SWOOPE DRIVE LAKE ALFRED FL 33850

3. Date Incorporated or Qualified: 01/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1831 1ST ST. N.
22 Suite, Apt. #, etc.: Suite B
23 City & State: Winter Haven, FL
24 Zip: 33881 25 Country: US

2a. Mailing Address
26: P.O. Box 22
27 Suite, Apt. #, etc.:
28 City & State: Loughman FL.
29 Zip: 33858 30 Country: US

4. FEI Number: 59-3294357 ☐ 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

MAULTSBY, ALVIN K
745 LAKE SWOOPE DRIVE
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

81 Name: DALE A. CROSBY
82 Street Address (P.O. Box Number is Not Acceptable):
83: 201 Bentley OAKS BLVD.
84 City: DAVENPORT FL 85 Zip Code: 33837

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: Dale A. Crosby DALE A. CROSBY 06-07-96
Signature, Typed or Printed Name of Individual with Authority to Sign on Behalf of Registered Agent (if entity) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAULTSBY, ALVIN K P.O. BOX 1004 N/A LAKE ALFRED FL 33850	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, DALE P.O. BOX 192 N/A LAKE ALFRED FL 33850	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PLT CROSBY, DALE P.O. Box 22 Loughman, FL 33858	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/S CROSBY, Deborah P.O. Box 22 Loughman, FL 33858	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Dale A Crosby DALE A. CROSBY 6-7-96 (941) 293-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number