


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

APPROVED
AND
FILED

①

1997 AUG 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000042720 (9)
1. Corporation Name
CHECKER CAB OF LEE COUNTY, INC.

Principal Place of Business 3252 PALM AVE. FORT MYERS FL 33901 US	Mailing Address 3252 PALM AVE. FORT MYERS FL 33901-7428 US
---	--

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 06/13/1996
4. FEI Number 65-0732218	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

JUDITH F. GRIFFIN
3252 PALM AVE.
CAPE CORAL FL 33901

10. Name and Address of New Registered Agent

81 Name **JUDITH F. GRIFFIN**
82 Street Address (P.O. Box Number is Not Acceptable)
1712 SE 40th TERR
83
84 City **CAPE CORAL** FL 85 Zip Code **33904**

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 F. Griffin* DATE **2-4-97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, PHILLIP J
STREET ADDRESS	1708 SOUTH EAST 40TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIFFIN, JUDITH F
STREET ADDRESS	1708 SOUTH EAST 40TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33904
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PAT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUDITH F GRIFFIN
2.3 STREET ADDRESS	1712 SE 40th TERR.
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
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	500002271506-84 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-08/19/97--01074--001
4.3 STREET ADDRESS	***165.00 ***165.00
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	

7/10/97

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 F. Griffin* DATE **2-4-97** **941-337-4485**

CR2E034 (9/96)

BLUEBIRD TAXI

2547 Katherine St., Ft. Myers, FL 33901

(813) 337-4005 • (813) 332-1712

Fax: (813) 337-4070

②

Aug 11, 1997

To Whom it May Concern:

We just received our new number. So here is the original check that I sent you in Feb.

Thank-you

Judy Buffin

Licensed & Insured

Radio Dispatched • Pick-up & Delivery • Air Conditioned Vehicles • 24 Hour Service