

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000061949 (0)

1. Corporation Name

SHARP CAB COMPANY



Principal Place of Business

624 LANCASTER RD.  
ORLANDO FL 32809

Mailing Address

624 LANCASTER RD.  
ORLANDO FL 32809

3. Date Incorporated or Qualified

08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-3331164

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARPTON, ALTHERIO  
624 LANCASTER RD.  
ORLANDO FL 32809

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 (if not a shareholder)

(If officer or registered agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| 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  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |

|                    |                        |                                 |                                              |
|--------------------|------------------------|---------------------------------|----------------------------------------------|
| 1. TITLE           | P, D, T                | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2. NAME            | ALTHERIO SHARPTON      |                                 |                                              |
| 3. STREET ADDRESS  | 5017 GOLF CLUB PARKWAY |                                 |                                              |
| 4. CITY- ST- ZIP   | ORLANDO, FL 32808-5510 |                                 |                                              |
| 5. TITLE           | VP, S, D               | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 6. NAME            | JAMIE SHARPTON         |                                 |                                              |
| 7. STREET ADDRESS  | 5017 GOLF CLUB PARKWAY |                                 |                                              |
| 8. CITY- ST- ZIP   | ORLANDO, FL 32808-5510 |                                 |                                              |
| 9. TITLE           |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 10. NAME           |                        |                                 |                                              |
| 11. STREET ADDRESS |                        |                                 |                                              |
| 12. CITY- ST- ZIP  |                        |                                 |                                              |
| 13. TITLE          |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 14. NAME           |                        |                                 |                                              |
| 15. STREET ADDRESS |                        |                                 |                                              |
| 16. CITY- ST- ZIP  |                        |                                 |                                              |
| 17. TITLE          |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 18. NAME           |                        |                                 |                                              |
| 19. STREET ADDRESS |                        |                                 |                                              |
| 20. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

407-850-2007

CS 5/1/96

CR2E034 (12/95)