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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000071349 (1)

DON JOHNSON'S TOWNCAR TRANSPORTATION, INC. Principal Place of Business Mailing Address 3201 N.E. 14TH STREET 3201 N.E. 14TH STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address: Applied For 21 26 65-06138 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name JOHNSON, DONALD R Street Address (P.O. Box Number is Not Acceptable) 82 **3201 N.E. 14TH STREET** POMPANO BEACH FL 33062 83 City 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition JOHNSON, DONALD R NAME 1.2 NAME STREET ADDRESS 3201 N.E. 14TH STREET 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-S1-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2. 1 TITLE ☐ Change ☐ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TIFLE DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6 1 TITLE Change ■ Addition NAME 6.2 NAME

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). Fiorida 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 Ellock 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

SIGNATURE: 🔀

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR