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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073168 (3)

1. Corporation Name

ALL FLORIDA CAB, SHUTTLE & LIMO, INC.



Principal Place of Business

305 KINGSTON AVENUE
DAYTONA BEACH FL

Mailing Address

305 KINGSTON AVENUE
DAYTONA BEACH FL 32114-2003

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

03/27/1996

4. FEI Number

59-3338633

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

KIDD, SUSAN L
% DAYTONA BUSINESS SERVICES, INC.
2435 S. RIDGEWOOD AVE., SUITE 6
SOUTH DAYTONA FL 32119

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 *Susan L. Kidd*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SINNIGER, DALE A	
STREET ADDRESS	48 BROWN STREET	
CITY-ST-ZIP	MIDDLETOWN PA 17057	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	WEEDMAN, TAMELA K	
STREET ADDRESS	120 SHEILA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SINNIGER, MICHAEL F	
STREET ADDRESS	305 KINGSTON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
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

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dale A. Sinniger	
13 STREET ADDRESS	48 Brown Street	
14 CITY-ST-ZIP	Middletown, PA 17057	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dale A. Sinniger	
23 STREET ADDRESS	48 Brown Street	
24 CITY-ST-ZIP	Middletown, PA 17057	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Michael F. Sinniger	
33 STREET ADDRESS	305 Kingston Ave.	
34 CITY-ST-ZIP	Daytona Beach, FL 32114	
41 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Michael F. Sinniger	
43 STREET ADDRESS	305 Kingston Ave.	
44 CITY-ST-ZIP	Daytona Beach, FL 32114	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 included 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 *Michael F. Sinniger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-97 904-322-1001
Date Daytime Phone #

CR2E034 (9/96)