

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 # *P950000 79179*

1. Corporation Name

GALAXY LIMOUSINE OF SARASOTA, INC

Principal Place of Business

Mailing Address

*4335 MAC ECHEN BLVD
SARASOTA, FL 34233*

2. Principal Place of Business

28. Mailing Address

21 *4335 Mac Echen Blvd*

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 *SARASOTA FL*

28 City & State

24 *34233*

25 *SARASOTA*

29 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

10/12/95

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

*JOHN W. NICKELS, SR
4335 MAC ECHEN BLVD.
SARASOTA, FL 34233*

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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE *John W. Nickels Sr.*

Signature, typed or printed name of registered agent and title (if applicable)

Date Registered Agent signed and accepted appointment

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PRESIDENT* ☐ DELETE
NAME *JOHN W. NICKELS, SR*
STREET ADDRESS *4335 MAC ECHEN BLVD*
CITY - ST - ZIP *SARASOTA, FL 34233*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11 TITLE
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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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*5/1/96
CNR*

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:

John W. Nickels Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

Signature Print Name

CR2E034 (12/95)