## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
 CORPORATION
 ANNUAL REPORT

**DOCUMENT #** 



P95000080611

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

97 SEP 17 6811: 68

SECRETARY OF STATE TALLAHASSEE FLORIDA

I. Corporatio				I IALLAHASSE	C USUMBLE		
	Rabbit Limo Service	, Inc.					
9545	N. Florida Avenue			E 2001/201 1/8 (0/10 0/10 02/10 00/16 07	181 <b>36</b> 16 <b>1 6</b> 1681 18118 18411	ARRICANOL CONT	
Tampa	, Florida 33612						
Principal Plac	e of Business	Mailing Address				91111 9191 1811	
9545	N. Florida Ave.	Same		REINSTATE	VIENI		
Tampa	, Florida 33612	4		,			
· •	•				IN THIS SPACE		
				3. Date Incorporated or Qualified 10/20/95	3a. Date of Las	t Report	
2. Principal P	lace of Business	2s. Mailing Address		4. FEI Number		Applied For	
21		26		59-3424355		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional	
22		27		5. Obtained by States Desired	Fee	Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.0	May Ee	
23		28		Trust Fund Contribution	☐ Adde	d to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa		Intangible	
24	25		30	Personal Property Tax due June		□ No	
<del></del>	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent		
Lawren	ice E. Fuentes			offrey Todd Hodges			
1407 W. Busch Blvd.			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable) 400 North Tampa Street			
Tampa, Florida 33612				th Tampa Street			
Tampa, Florida 33012			83 Suite 2	630			
			84 City		<b>—.</b> 85 Z	p Code	
··			Tampa			2602	
11. Pursuant office or a	to the provisions of Sections 607:0500	app 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the p	ourpose of changing	g its registered	
agent la	im lay ar with, and accept the oliga	tions of, Section 607.0505, Flori	ida Statutes.	oration submits this statement for the poor's board of directors. I hereby acceptance	pt ine appointment	as registered	
SIGNATURE	IN INSING	Mu	<b></b>		9/16/97		
	Signature, typed or printed name of regulared agen		Registered Agent signature require		DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	D/P/S/T	☐ DELETE	1.1 TITLE		L Chang		
NAME	Ernest B. Haire, II		1.2 NAME	5000022	95575	6	
STREET ADDRESS	9545 N. Florida Ave		1.3 STREET ADDRESS				
CITY-ST-ZIP	Tampa, Florida 336	512	1.4 City-S1-ZiP				
TITLE		DELETE	2.1 TITLE		☐ Chang	e 🔲 Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	<u>-</u>		2.4 City-St-ZiP				
TITLE		☐ DELETE	3.1 TITLE		L Chang	e 🛄 Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			B 1				
TITLE			3.4. CITY - ST - ZIP				
		☐ DELETE	4.1 TITLE		Chang	e	
NAME		☐ DELETE	<del></del>		Chang	e Addition	
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE		Chang	e Addition	
STREET ADDRESS CITY - ST - ZIP			4.3 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	·			
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STREET ADDRESS CITY - ST - ZIP TITLE NAME			4.3 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	·			
STREET ADDRESS CITY-ST-ZIP TITLE			4.3 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Chang	noitibt A 🔲 e	

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. Turther certify that the information indicated on this armual 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.





THE AWITH STRIES

ACCOUNT NO.

072100000032

REFERENCE :

532431

7116793

AUTHORIZATION

COST LIMIT :

ORDER DATE: September 17, 1997

ORDER TIME :

9:44 AM

ORDER NO. : 532431-005

CUSTOMER NO:

7116793

CUSTOMER: Ms. Lorna A. Mcgeorge

Agliano Hodges & Whittemore,

Park Tower, Suite 2630 400 North Tampa Street

Tampa, FL 33602

## ANNUAL REPORT FILING

NAME: JACK RABBIT LIMO SERVICE, INC.

XX ANNUAL REPORTS FOR 96 AND 97

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS