FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

10151 DEERWOOD PK BLVD

BLDG 100 SUITE 200 41 D JACKSONVILLE FL 32256

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

JACKSONVILLE FL 32217

6026 SAN JOSE BLVD

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085143 (2)

FERRELL TRAVEL & LIMO SERVICE, INC.

11/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3345647 26 Not Applicable Suite, Apt. #, etc. Suite. Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DILLINGHAM, PHILLIP I 10151 DEERWOOD PARK BLVD BLDG 100 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 в3 JACKSONVILLE FL 32256 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statules, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOT): Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DE LETE Change Addition 11 TITLE TITL F FERRELL, R. ERNEST JR 1.2 NAME NAME *4130 BAILSBURY RD SUTE 1100 4555 EMEGS! **CR2E034** 1.3 STREET ADDRESS STREET ADDRESS JAKCSONVILLE FL 32016 CITY-ST-ZIP 1.4 CITY-ST-ZIP 6724 EPPINGFOREST WAY DITTE Change ___ Addition 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Addition 3.1 TIFLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 DILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITE F 52 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplienced aminal report is true and accurate and that my signature shall have the same logal 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, an attachment with an address