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FILED

May 01 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 # P95000097389 (7)

1. Corporation Name

CHECKER CAB OF OCALA INC.

Principal Place of Business

7200 S.W. 8TH AVE.  
R 112  
GAINESVILLE FL 32607  
US

Mailing Address

7200 S.W. 8TH AVE.  
R-112  
GAINESVILLE FL 32607-1889  
US



2. Principal Place of Business

21 7200 SW 8th Ave

Suite, Apt. #, etc.

22 R112

City & State

23 Gainesville, Florida

Zip

24 32607

Country

25 US

2a. Mailing Address

26 7200 SW 8th Ave

Suite, Apt. #, etc.

27 R112

City & State

28 Gainesville, Florida

Zip

29 32607

Country

30 US

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3192693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BANKS, SIM H III  
7200 SW 8TH AVENUE R 112  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

Sim Hugh Banks III

82 Street Address (P.O. Box Number is Not Acceptable)

7200 SW 8th Ave R112

83

84 City

Gainesville

FL

85 Zip Code

32607

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

Signature of officer, director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SIM H. BANKS III  
STREET ADDRESS 7200 S.W. 8TH AVE., R-112  
CITY-ST-ZIP GAINESVILLE FL

TITLE VPS  
NAME DIANE ARCHER BANKS  
STREET ADDRESS 7200 S.W. 8TH AVE. R-112  
CITY-ST-ZIP GAINESVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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: *Sim H Banks III* *Sim Hugh Banks III* *April 23, 1997* *(352) 331-8777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067462

CR2E034 (9/96)