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Feb 03 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 # P96000006766 (5)

1. Corporation Name

RED ROSE TOWN CAR SERVICES, INC.



Principal Place of Business

2166 ALAMANDA DR.  
CLEARWATER FL 34617-0891

Mailing Address

P.O. BOX 891  
CLEARWATER FL 34617-0891

2. Principal Place of Business

21 2166 ALAMANDA DR

2a. Mailing Address

26 PO BOX 891

Suite, Apt. #, etc.

22 CLEARWATER FL

Suite, Apt. #, etc.

27 CLEARWATER FL

City & State

City & State

23

28

Zip 34624

Country

25 PINELLAS

Zip

29 34617-0891

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

LAMON, RICHARD L  
2166 ALAMANDA DR.  
CLEARWATER FL 34617-0891

3. Date Incorporated or Qualified

01/18/1996

3a. Date of Last Report

1-18-96

4. FEI Number

59-3356578

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

10. Name and Address of New Registered Agent

81 Name RICHARD L LAMON

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

2166 ALAMANDA DR

83

84 City CLEARWATER

FL

85 Zip Code 34617

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 *Richard L. Lamon* RICHARD L. LAMON

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/28/97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/TREASURER ☐ DELETE  
NAME LISA LIINANGI  
STREET ADDRESS 2166 ALAMANDA DR  
CITY - ST - ZIP CLEARWATER FL 34624

TITLE VP/SECRETARY ☐ DELETE  
NAME RICHARD LAMON  
STREET ADDRESS 2166 ALAMANDA DR  
CITY - ST - ZIP CLEARWATER FL 34624

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, changed, or on an attachment with an address.

SIGNATURE: *Lisa Liinangi* LISA LIINANGI 01-28-97 (813) 538-9843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)