

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90036 048 ***158.75

DOCUMENT # P96000006766

1. Corporation Name

RED ROSE LIMOUSINES, INC.



Principal Place of Business

**2166 ALEMANDA DR
CLEARWATER FL 33764
US**

Mailing Address

**P O BOX 891
CLEARWATER FL 33757
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**RICHARD L LAMON
2166 ALEMANDA DR
CLEARWATER FL 33764**

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE **PT** ☐ DELETE

12.2 NAME **LISA LINANGI**
12.3 STREET ADDRESS **2166 ALEMANDA DR**
12.4 CITY-ST-ZIP **CLEARWATER FL 33764**

12.5 TITLE **VPS** ☐ DELETE

12.6 NAME **RICHARD LAMON**
12.7 STREET ADDRESS **2166 ALEMANDA DR**
12.8 CITY-ST-ZIP **CLEARWATER FL 33764**

12.9 TITLE ☐ DELETE

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP

12.13 TITLE ☐ DELETE

12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP

12.17 TITLE ☐ DELETE

12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

12.21 TITLE ☐ DELETE

12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE **V.P. TREASURER** ☒ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

13.5 TITLE **PRESIDENT SECRETARY** ☒ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD LAMON **4/27/99** **538-9843**

Date

Daytime Phone #

CR2E034 (11/98)