


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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000035811 (4)**

1. Corporation Name  
**TYSON TAXI SERVICE, INC.**



Principal Place of Business  
**1800 GEORGETOWN RD  
MADISON FL 32340**

Mailing Address  
**1800 GEORGETOWN RD  
MADISON FL 32340**

**P.O. Box 674**

3. Date Incorporated or Qualified  
**04/25/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **32341**

29 **32341**

30

4. FEI Number

Applied For

**59-3374299**

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

10. Name and Address of New Registered Agent

**TYSON, WILLIE L  
1800 GEORGETOWN RD  
MADISON FL 32340**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE  
NAME **TYSON, WILLIE L**  
STREET ADDRESS **1800 GEORGETOWN RD**  
CITY-ST-ZIP **MADISON FL 32340**

1.1 TITLE **VT** ☒ Change ☐ Addition  
1.2 NAME **TYSON, WILLIE L**  
1.3 STREET ADDRESS **1800 GEORGETOWN RD**  
1.4 CITY-ST-ZIP **MADISON, FL 32341** ☒ Change ☐ Addition

TITLE **P** ☐ DELETE  
NAME **TYSON, URIAL L**  
STREET ADDRESS **1800 GEORGETOWN RD**  
CITY-ST-ZIP **MADISON FL 32340**

2.1 TITLE **PS**  
2.2 NAME **TYSON, URIAL LEE**  
2.3 STREET ADDRESS **1800 GEORGETOWN RD**  
2.4 CITY-ST-ZIP **MADISON, FL 32341** ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address.

SIGNATURE:

**Urrial Lee Tyson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**URIAL LEE TYSON President**

**04/08/97 x904973-2101**

Date

Daytime Phone #

0614150

CR2E034 (9/96)