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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 07 1998 8:00am Secretary of State

	MENT # P9600 N TAXI SERVICE, INC.	900	35811 (4	!)		
Principal Plac	e of Business		Mailing Address			
1800 GEORGETOWN RD P.O. BOX 674 MADISON FL 32340 MADISON FL 32			MADISON FL 32341	t		
			US			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/25/1996
	tace of Business		. Mailing Address			4. FEI Number Applied For
21		26				59-3374299 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 Ch. • State		27	City & State			Fee Required
City & State			 			6. Election Campaign Financing \$5.00 May Be
23 Zio	Country	26	710	Count	<u></u>	Trust Fund Contribution
Zip 24	├ ~~ŋ '	has	Zip 	30	'7	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 38. ** Yes ** No
<u>[4]</u>	9. Name and Address of Curre	nt Regi	stered Agent	[30]		Personal Property Tax due June 36: 29 Yes 10 No 10. Name and Address of New Registered Agent
			Stores rigorit		1 Name	IA' Hame and States at Last Leaders at Last
	'SON, WILLIE L					
1800 GEORGETOWN RD				8	2 Street A	Address (P.O. Box Number is Not Acceptable)
W	ADISON FL 32340			8	•	
					1	
				8	4 City	85 Zip Code
					<u></u>	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN			OTE Registered A	geni signature r	required when reiretating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	IN LYINIE	DELETE	1.1 TITLE	····	Change Addition
NAME	TYSON, WILLIE L			1.2 NAM		
STREET ADDRESS	1800 GEORGETOWN RD				ET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341			1.4 CITY		
TITLE	PS PS		DELETE	21 TITLE		Change Addition
NAME	TYSON, URIAL LEE			22 NAM		
STREET ADDRESS	1800 GEORGETOWN RD				ET ADDRESS	·
	MADISON FL 32341			1		
CITY-ST-ZIP TITLE	MANAGETT E GEGAT		DELETE	2. 4 CITY 3.1 TITLE	-	Change Addition
NAME				3.2 NAM		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP				3.3 SINE 3.4. CITY		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAM		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP				4.4 CITY		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAM		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP				54 CITY		
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAM	- 1	the Country of the Co
STREET ADDRESS					ET ADDRESS	
				6.4 CITY		
CITY - ST - ZIP				■ 0.4 UI[Y	31-ZP	1

14. Thereby 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 attactment with an address.