

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000054339 (2)
 1. Corporation Name

PINE ISLAND TAXI AND LIMO, INC.



Principal Place of Business

2822 YORK ROAD
 ST JAMES CITY FL 33956

Mailing Address

2822 YORK ROAD
 ST JAMES CITY FL 33956

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 PO Box 674
 Suite, Apt #, etc.

27 City & State

28 St. James City, Fl.

29 Zip 30 Country
 33956

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

65-0681042

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MARSHALL, RONALD R
 2922 YORK ROAD
 ST JAMES CITY FL 33956

81 Name

Marshall, Carol

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

2922 York Rd.

83

84 City

St. James City

FL

85 Zip Code
 33956

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 *Carol Marshall*

Aug. 8, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, RONALD R.	
STREET ADDRESS	2922 YORK RD.	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MARSHALL, CAROL	
STREET ADDRESS	2922 YORK RD.	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/VP S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Marshall, Carol		
1.3 STREET ADDRESS	2922 York Rd.		
1.4 CITY-ST-ZIP	St. James City, Fl. 33956	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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.

SIGNATURE *Carol Marshall* Aug. 8, 1998 (941) 282-7777

CR2E034 (5/98)