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

0018778

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 FEB 11 PM 2:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000063241**

1. Corporation Name
YELLOW CAB COMPANY OF LAKE CITY

Principal Place of Business	Mailing Address
618 BAKER STREET LAKE CITY FL 32025	618 BAKER STREET LAKE CITY FL 32025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1996

4. FEI Number
59-3393190
[ ] 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. Has corporation paid the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIMSLEY, CHRISTINA
618 BAKER STREET
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

700002781117--6
-02/19/99--01088--026
****158.75 ****158.75
FL

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 Chrustina Grimsley 2-8-1999
Signature, typed or printed name of registered agent and date of acceptance — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P 50% owner	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	GRIMSLEY, CHRISTINA		12 NAME	
STREET ADDRESS	618 BAKER STREET		13 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		14 CITY-ST-ZIP	
TITLE	V 50% Owner	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	GRIMSLEY, JAMES		22 NAME	
STREET ADDRESS	618 BAKER STREET		23 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (11/98)

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: Chrustina Grimsley 2/8/99 904-758-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #