


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90082 037 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P97000001597								
1. Corporation Name TOPHAT LIMOUSINE SERVICE, INC.								
Principal Place of Business 2668 BANTRY BAY DRIVE TALLAHASSEE FL 32308			Mailing Address P.O. BOX 15366 TALLAHASSEE FL 32317-5366					
2. Principal Place of Business 21 2498 CENTERVILLE RD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE FL Zip Country 24 32308 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/01/1997				
		4. FEI Number 59-5422508		Applied For Not Applicable				
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees				
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9. Name and Address of Current Registered Agent PETERSEN, JAMES K 2668 BANTRY BAY DRIVE TALLAHASSEE FL 32308			10. Name and Address of New Registered Agent 81 Name DONALD YAEGER 82 Street Address (P.O. Box Number is Not Acceptable) 6390 THOMASVILLE RD. 83 84 City TALLAHASSEE FL 85 Zip Code 32312					
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: <i>Donald Yaege</i>								
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME PETERSEN, JAMES K STREET ADDRESS 2668 BANTRY BAY DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DONALD YAEGER 1.3 STREET ADDRESS 6390 THOMASVILLE RD. 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32312 2.1 TITLE VIC PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DENISE YAEGER 2.3 STREET ADDRESS 6390 THOMASVILLE RD. 2.4 CITY-ST-ZIP TALLAHASSEE, FL 32312 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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(2)(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 307, 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

Date

Daytime Phone #

CR2E034 (11/98)