

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000027180 (3)

1. Corporation Name

CHARLES A. SMALLING, INC.

Principal Place of Business

3108 ADAMS STREET  
TAMPA FL 33611

Mailing Address

3108 ADAMS STREET  
TAMPA FL 33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business YELLOW CAB CO. Suite, Apt. #, etc. TAMPA FLA City & State TAMPA FLA Zip Country USA		2a. Mailing Address 3108 N. ADAMS Suite, Apt. #, etc. TAMPA FLA, 33611 City & State TAMPA FLA Zip Country USA		5. Date Incorporated or Qualified 03/21/1997	
21. Principal Place of Business YELLOW CAB CO. Suite, Apt. #, etc. TAMPA FLA City & State TAMPA FLA Zip Country USA		26. Mailing Address 3108 N. ADAMS Suite, Apt. #, etc. TAMPA FLA, 33611 City & State TAMPA FLA Zip Country USA		4. FEI Number 59 3432735 Applied For Not Applicable	
22. Principal Place of Business YELLOW CAB CO. Suite, Apt. #, etc. TAMPA FLA City & State TAMPA FLA Zip Country USA		27. Mailing Address 3108 N. ADAMS Suite, Apt. #, etc. TAMPA FLA, 33611 City & State TAMPA FLA Zip Country USA		6. Certificate of Status Desired X \$8.75 Additional Fee Required	
23. Principal Place of Business YELLOW CAB CO. Suite, Apt. #, etc. TAMPA FLA City & State TAMPA FLA Zip Country USA		28. Mailing Address 3108 N. ADAMS Suite, Apt. #, etc. TAMPA FLA, 33611 City & State TAMPA FLA Zip Country USA		7. Election Campaign Financing Trust Fund Contribution X \$5.00 May Be Added to Fees	
24. Principal Place of Business YELLOW CAB CO. Suite, Apt. #, etc. TAMPA FLA City & State TAMPA FLA Zip Country USA		29. Mailing Address 3108 N. ADAMS Suite, Apt. #, etc. TAMPA FLA, 33611 City & State TAMPA FLA Zip Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMALLING, CHARLES A  
3108 ADAMS STREET  
TAMPA FL 33611

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Charles A. Smalling

CR2E034 (10/97)