


ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90058 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029755

1. Corporation Name

COMFORT CAB, INC.



Principal Place of Business 432 LENA ST. ST. AUGUSTINE FL 32092	Mailing Address 432 LENA ST. ST. AUGUSTINE FL 32092
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>SAME AS ABOVE</u>		2a. Mailing Address 26 <u>SAME AS ABOVE</u>		3. Date Incorporated or Qualified <u>04/01/1998</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <u>59-3499449</u>	
City & State 23		City & State 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 29		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHILDRES, JOHN R 432 LENA ST. ST. AUGUSTINE FL 32092		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 John R. Childres DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Addition
NAME	<u>John R. Childres</u>	1.2 NAME	<u>John R. Childres</u>
STREET ADDRESS	<u>2011 Ryan</u>	1.3 STREET ADDRESS	<u>2011 Ryan</u>
CITY-ST-ZIP	<u>St. Augustine FL 32092</u>	1.4 CITY-ST-ZIP	<u>St. Augustine FL 32092</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>John R. Childres</u>	2.2 NAME	
STREET ADDRESS	<u>2011 Ryan</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>St. Augustine FL 32092</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>John R. Childres</u>	3.2 NAME	
STREET ADDRESS	<u>2011 Ryan</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>St. Augustine FL 32092</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>John R. Childres</u>	4.2 NAME	
STREET ADDRESS	<u>2011 Ryan</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>St. Augustine FL 32092</u>	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, with all other like empowered.

SIGNATURE: John R. Childres REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 (904) 824-8240
Date Daytime Phone #

CR2E034 (1/98)