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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90059 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000084980

1. Corporation Name  
CALVARY LIMOUSINE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 10960 BEACH BOULEVARD LOT 527 JACKSONVILLE FL 32246  
Mailing Address: 10960 BEACH BOULEVARD LOT 527 JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: 10/05/1998  
4. FEI Number: 593537659  
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 the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 10960 Beach Blvd. # 527 Jacksonville FL  
2a. Mailing Address: 10960 Beach Blvd. # 527 Jacksonville FL  
23. City & State: Jacksonville FL  
24. Zip: 32246 25. Country: USA

10. Name and Address of New Registered Agent  
81 Name: AMERILAWYER  
82 Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA Avenue (SAME)  
83  
84 City: Coral Gables FL 85 Zip Code: 33134

9. Name and Address of Current Registered Agent  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	
NAME	WITT, GORDON E	1.2 NAME	
STREET ADDRESS	10960 BEACH BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Gordon E. Witt, President Date: 4-14-99 Daytime Phone #

CR2E034 (1/198)