

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

PROFIT CORPORATION ANNUAL REPORT



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

2000

FILED

00 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798 0000 @ 4980
Corporation Name
CALVARY LIMOUSINE SERVICES, INC.

Principal Place of Business Mailing Address
10960 BEACH BLVD. LOT # 527
JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/5/98

4. FEI Number
59-3537659 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. This corporation owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 2a. Mailing Address

26

Suite, Apt. #, etc. 27

City & State 28

Zip Country 29

30

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

9. Name and Address of Current Registered Agent

GORDON WITT
10 960 BEACH BLVD, LOT # 527
JACKSONVILLE, FL 32246

i. 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 607.0506, Florida Statutes.

SIGNATURE *Gordon E. Witt, President* DATE 4-28-00

12. OFFICERS AND DIRECTORS

~~PTD~~ DELETE
GORDON WITT
10960 BEACH BLVD, LOT # 527
JACKSONVILLE, FL 32246

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
S
1.2 NAME MICHAEL S. MEDZA
1.3 STREET ADDRESS 10960 BEACH BLVD. LOT # 527
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

2.1 TITLE Change Addition

2.2 NAME 000003251560--3
2.3 STREET ADDRESS -05/12/00--01143--017
2.4 CITY-ST-ZIP ***150.00 ***150.00

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS SP

6.4 CITY-ST-ZIP

4. 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 4-28-00 Daytime Phone # 904-642-5555

CR2E034 (11/96)