FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S08806 **(9)**

1. Corporation Name
YELLOW CAB OF ST. JOHNS, INC.

Principal Place of Business	Mailing Address
222 SAN MARCO AVENUE ST. AUGUSTINE FL 32084	222 SAN MARCO AVENUE ST. AUGUSTINE FL 32084-2723

3. Date Incorporated or Qualified: 10/12/1990
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: 59-3072645 — [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DE ANTONIS, G.W. , JR
222 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: JAMES R. OWENS
82 Street Address (P.O. Box Number is Not Acceptable): 222 SAN MARCO AVE
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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: James R Owens — 4-20-97
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	PD	[X] DELETE	1.1 TITLE	CEO	[X] Change [ ] Addition
NAME	DEANTONIS, JOYCE		1.2 NAME	JAMES R. OWENS	
STREET ADDRESS	222 SAN MARCO AVE.		1.3 STREET ADDRESS	222 SAN MARCO AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE FL, 32084	
TITLE	CD	[X] DELETE	2.1 TITLE	Sec	[ ] Change [X] Addition
NAME	DE ANTONIS, G.W., JR		2.2 NAME	Denise Tuttle	
STREET ADDRESS	10 BARU ROAD		2.3 STREET ADDRESS	222 SAN MARCO AVE	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUG, FL, 32084	
TITLE	VD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	VAN DER MEYDEN, PATRICK		3.2 NAME		
STREET ADDRESS	222 SAN MARCO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****660.00 ****165.00

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14. I do 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: James R Owens 4-20-97 904 824-5576