FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14843** **(4)**

1. Corporation Name
AIRLINE TAXI & LIMO OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1540 PORT AVENUE NAPLES FL 33942	1540 PORT AVENUE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0264693 ☐ 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

HOLLAND, CRAIG
1207 THIRD STREET SOUTH
SUITE 2
NAPLES FL 33940

10. Name and Address of New Registered Agent

01 Name: Airline Taxi & Limo
02 Street Address (P.O. Box Number is Not Acceptable): 1540 Port Ave
03
04 City: Naples FL 05 Zip Code: 33962

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: Donna M Pratt
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	DPS	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	PRATT, DONNA M.	1.2 NAME		
STREET ADDRESS	1540 PORT AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	PRATT, DONNA M.	2.2 NAME		
STREET ADDRESS	1540 PORT AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ANITA	3.2 NAME		
STREET ADDRESS	1387 MARLIN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	S	☐ Change ☑ Addition
NAME		4.2 NAME	George G Smith	
STREET ADDRESS		4.3 STREET ADDRESS	1387 Marlin Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL 33962	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donna M Pratt Donna M Pratt 4-20-95 813 643-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121301 CP