PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:46

DOCUMENT # S18230 (0)

1. Corporation Name
JULIE'S LIMOUSINES AND COACHWORKS, INC.

Principal Place of Business	Mailing Address
174 FERNWOOD AVENUE NORTH CLEARWATER FL 34625	174 FERNWOOD AVENUE NORTH CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business (21): 17118 US 19 N.
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): CLEARWATER FL
City & State (28):
Zip (24): 34624
Country (25): PINELLAS
Zip (29):
Country (30):

4. FEI Number: 59-3042033 ☐ 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

CAREY, BRIAN R.
174 FERNWOOD AVENUE NORTH
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: GARY ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable): 17118 US 19 N.
83
84 City: CLEARWATER FL 85 Zip Code: 34624

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: Gary Roberts 6-14-95
(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	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HERRING, JULIE L	12 NAME	GARY ROBERTS	
STREET ADDRESS	17118 U.S. HWY 19	13 STREET ADDRESS	17118 US 19 N.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE		21 TITLE	SECRETARY/TREES.	☒ Change ☐ Addition
NAME		22 NAME	JULIE L HERRING	
STREET ADDRESS		23 STREET ADDRESS	2692 ENTERPRISE RD. #103	
CITY-ST-ZIP		24 CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Julie L Herring 6-14-95 (813)538-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

OT14416 CP