## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** S18230

(0)

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

Mailing Address Principal Place of Business 174 FERNWOOD AVENUE NORTH 17118 US 19 NORTH **CLEARWATER FL 34625 CLEARWATER FL 34624** 3a. Date of Last Report 3. Date incorporated or Qualified 06/22/1995 12/03/1990 4. FEI Number Applied For 2a, Mailing Address 2. Principal Place of Business 59-3042033 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROBERTS, GARY Street Address (P.O. Box Number is Not Acceptable) 82 17118 US 19 NORTH. 83 **CLEARWATER FL 34624** Zip Code City 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 Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE ROBERTS, GARY 1.2 NAME NAME 17118 U.S. HWY 19 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change T DELETE 2 1 TITLE TITLE HERRING, JULIE L. 22 NAME NAME 2692 ENTERPRISE RD. #103 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 2.4 CITY - ST - ZIP CITY - \$1 - ZIF Change ☐ Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP C(1) Y - S1 - Z(F Addition [7] Change □ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIF [ ] Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

ER OR DIRECTOR

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)kl), 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 cath; 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. 4/24/96 (813) 538-5113

**FILED** 

Apr 30, 1996 08:00 AM

**Secretary of State** 

CR2E034 (12/95)