

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V28534** (8)

1. Corporation Name  
**PARADISE TAXI SERVICE, INC.**



Principal Place of Business  
**POB 1332  
DADE CITY FL 33526**

Mailing Address  
**POB 1332  
DADE CITY FL 33526**

3. Date Incorporated or Qualified **04/14/1992** 3a. Date of Last Report **01/24/1995**

4. FEI Number **59-3121084** 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

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

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

9. Name and Address of Current Registered Agent

**PENA, HELEN FLOYD**  
**38021 SHADOW DR.**  
**DADE CITY FL 33525**

**Lucille Ann Floyd**  
**38021 Shadow Dr.**  
**Dade City, Fla. 33525**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 **Lucille Ann Floyd** *[Signature]* **4-29-96**  
Signature typed or printed name of registered agent and the corporation  
Signature typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>PENA, HELEN FLOYD</b>     |                                 |
| STREET ADDRESS  | <b>38021 SHADOW DR.</b>      |                                 |
| CITY - ST - ZIP | <b>DADE CITY FL</b>          |                                 |
| TITLE           | <b>Lucille Ann Floyd</b>     | <input type="checkbox"/> DELETE |
| NAME            | <b>38021 Shadow Dr.</b>      |                                 |
| STREET ADDRESS  | <b>Dade City, Fla. 33525</b> |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 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)(k), 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that appears in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-96**  
Date: Daytime Phone #

CR2E034 (12/95)