

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V43109

(0)

1. Corporation Name

BAY CAB TAXI CO., INC.

Principal Place of Business

1501 49TH STREET SOUTH
1738 28TH ST. N.
ST. PETERSBURG FL 33717

Mailing Address

1501 49TH STREET SOUTH
1738 28TH ST. N.
ST. PETERSBURG FL 33717



3. Date Incorporated or Qualified
06/12/1992

3a. Date of Last Report
10/09/1995

4. FEI Number
36-3862289

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 2560 SAV. NO.

Suite, Apt. #, etc.

2a. Mailing Address

26. 2560 SAV. NO.

Suite, Apt. #, etc.

22. City & State

23. ST. PETERSBURG, FL.

24. 33713

25. PINELLAS

27. City & State

28. ST. PETERSBURG, FL

29. 33713

30. PINELLAS

9. Name and Address of Current Registered Agent

GORANSON, CHERIE
1103 HUNTINGTON LN
SAFETY HARBOR FL 34895

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 607.1508, 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 or officer or director

Signature typed or printed name of registered agent or officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME GORANSON, RUTHANN
STREET ADDRESS 1103 HUNTINGTON
CITY-ST-ZIP SAFETY HARBOR FL

TITLE V
NAME PEROUTKA, JAMES
STREET ADDRESS 3908 S. WOODHILL CT.
CITY-ST-ZIP NEW BERLIN WI 53151

TITLE ST
NAME GORANSON, JAMES
STREET ADDRESS 1103 HUNTINGTON
CITY-ST-ZIP SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

J. Goranson/Sec. - Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

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CR2E034 (12/95)