

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:52

DOCUMENT # V69020 (8)

1. Corporation Name

FELICE LIMOUSINE, INC.

Principal Place of Business

**1123 FIRST STREET, SOUTHWEST
WINTER HAVEN FL 33880
US**

Mailing Address

**POST OFFICE BOX 1782
EATON PARK FL 33840
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1992

3a. Date of Last Report

08/05/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELICE, FRANK M.
232 BOUGAINVILLE AVE.
POLK CITY FL 33868**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1123 FIRST STREET Southwest

83

84 City

WINTER HAVEN

FL

85

Zip Code

33880

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 applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	FELICE, FRANK M.
STREET ADDRESS	232 BOUGAINVILLE AVE.
CITY - ST - ZIP	POLK CITY FL
TITLE	T
NAME	FELICE, FRANK M.
STREET ADDRESS	232 BOUGAINVILLE AVE.
CITY - ST - ZIP	POLK CITY FL
TITLE	VP
NAME	FELICE, DIANE
STREET ADDRESS	232 BOUGAINVILLE AVENUE
CITY - ST - ZIP	POLK CITY 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	1123 FIRST ST. S.W.
1.4 CITY - ST - ZIP	WINTER HAVEN FL 33880
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1123 FIRST ST. S.W.
2.4 CITY - ST - ZIP	WINTER HAVEN FL 33880
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1123 FIRST ST. S.W.
3.4 CITY - ST - ZIP	WINTER HAVEN FL 33880
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 110.07(3)(b), 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 recorder 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 in the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK FELICE

4/3/95

(813)

2930670