70667

320 West Kennedy Boulevard, Suite 520 Tampa, Florida 33606

Herbert R. Donica

Also admitted in Colorado and Indiana Certified Public Accountant

813.259.9900 Fax: 813.259.9895 donicapa@gte.net

January 3, 2000

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

*****70.00 *****35.00

Re: Resident Agent.

Enclosed is a duly executed State of Change of Registered Office or Registered Agent or Both for Corporations changing the address of the resident agent for Philadelphia Airport Taxis Service, and changing the resident agent for Coker's Handi-Van, Inc. Also enclosed is our check in the amount of \$70.00.

Very truly yours,

Herbert R. Donica

HRD/sch encls

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the lo	· · · · · · · · · · · · · · · · · · ·
	e its registered office or registered agent, or both, in
the State of Florida.	Mandi Van Taa
1. The name of the corporation is: Coker's 1	Handi-van, Inc.
Marie 200 Address William (1974 1974 1974 1974 1974 1974 1974 1974	
2. The mailing address of the corporation is: 10 S	tockton Street
Jack:	sonville, FL 32204
3. Date of incorporation/qualification: 10/08/92	Document number: V70667
. The name and address of the current registered a	gent and office:
Brian D. Somerman	
10 Stockton St	
	nt and office: (R. O. Poy Not Acceptable)
The name and address of the new registered agen	it and office; (P. O. Box Not Acceptable)
Herbert R. Donica	
320 W Kennedy #52	0
Tampa, FL 33606	
The street address of its registered office and the s	street address of the business office of its registered
Such change was anthonized by resolution duly ad authorized by the board.	lopted by its board of directors or by an officer so
(Signature of an officer, phairman or vice chairman of the	e board) (Pate)
\cup	
Brian D. Somerman, Pres. (Printed or typed name and title)	 ·
Having heen named as registered agent and to ac	rcept service of process for the above stated registered agent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as
/ feller le	1-3-00
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

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