2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 182262

Entity Name: CITY CAB COMPANY OF ORLANDO INC

Current Principal Place of Business:

324 W. GORE ST ORLANDO. FL 32806

Current Mailing Address:

324 W GORE ST

ORLANDO, FL 32806 US

FEI Number: 59-0729149 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWANN HADLEY STUMP DIETRICH & SPEARS 1031 W. MORSE BLVD STE 350 WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD SWANN 04/19/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title DCOB

NameCARNS, CHARLES EJRNameMEARS, PAUL SJRAddress324 W.GORE ST.Address324 W GORE ST.City-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title VP, CFO, SECRETARY, TREASURER Title VD

NameBAKER, TIMOTHY LNameMEARS, JAMES LAddress324 W GORE STREETAddress324 W. GORE ST.City-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title EVP Title D

NameFORD, DANIEL WNameMEARS, PAUL SIIIAddress324 W. GORE ST.Address324 W GORE STREETCity-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title DIRECTOR Title DIRECTOR, VP

NameSWANN, RICHARDNameMEARS, JONATHAN PAddress324 W. GORE STAddress324 W GORE STCity-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY L BAKER

VICE PRESIDENT

04/19/2016

FILED Apr 19, 2016

Secretary of State

CC4816674013