

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39198 (1)

1. Corporation Name

A-1 TAXI AND ALL COUNTY TAXI CORP.

Principal Place of Business

Mailing Address

403 N.W. 3 ST.
OKEECHOBEE FL 34972
US

509 S.W. 2 AVE.
OKEECHOBEE FL 34974
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **03/10/1994**

4. FEI Number **59-2982176** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 1672

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 OKEECHOBEE, FL

24 Zip

Country

29 34973 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**METZGER, URSULA
509 S.W. AVENUE
OKEECHOBEE FL 34972**

81 Name **RUTH G. KRIEG**
82 Street Address (P.O. Box Number is Not Acceptable) **403 NW 3RD STREET**
83
84 City **OKEECHOBEE** FL 85 Zip Code **34972**

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 **RUTH G. KRIEG** *Ruth G. Krieg, Pres* DATE **3-13-95**
PRESIDENT/REGISTERED AGENT (NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STRAIGHT, CHARLES
STREET ADDRESS	403 N.W. 3 STREET
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUTH G. KRIEG
1.3 STREET ADDRESS	403 NW 3RD STREET
1.4 CITY - ST - ZIP	OKEECHOBEE, FL 34972
2.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	H.F. KRIEG
2.3 STREET ADDRESS	403 NW 3RD STREET
2.4 CITY - ST - ZIP	OKEECHOBEE, FL 34972
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)(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 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: **RUTH G. KRIEG, PRESIDENT** *Ruth G. Krieg* DATE **3-13-95** **813-763-8316**
PRESIDENT/REGISTERED AGENT (NOTE: Registered Agent signature required when reconstituted)