

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 # 345281 (0)

1. Corporation Name

PROGRESSIVE DRIVER SERVICES, INC.



Principal Place of Business

2000 CORPORATE SQUARE BLVD
P.O. BOX 17775
JACKSONVILLE FL 32245

Mailing Address

2000 CORPORATE SQUARE BLVD
P.O. BOX 17775
JACKSONVILLE FL 32245

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/28/1969

3a. Date of Last Report

06/13/1995

4. FEI Number

59-1261743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZISSER, ELLIOT
1200 GULF LIFE DRIVE, SUITE 630
JACKSONVILLE FL 32202

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

Signature typed or printed name of the person who signed the face of the

of the Registered Agent signature required when filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HARMON, LOWELL	
STREET ADDRESS	2000 CORPORATE SQ BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	HARMON, LINDA	
STREET ADDRESS	2000 CORPORATE SQ BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	HIRTE, JOHN R.	
STREET ADDRESS	2000 CORPORATE SQ BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	LEE, ROBERT	
STREET ADDRESS	2000 CORPORATE SQ BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	ZISSER, ELLIOT	
STREET ADDRESS	2000 CORPORATE SQ BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
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:

Lowell Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

904-724-2864

CR2E034 (12/95)