FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Lease yn to give you address in P95000095783 (3) DOCUMENT # NORTH FLORIDA TRAFFIC SCHOOL, INC. Principal Place of Business Mailing Address 8031 PHILIPS WY STE 17A JACKSONVILLE FL 32256 8031 PHILIPS P DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1995 4. FEI Number Mailing Address Applied For 59-3379525 Not Applicable Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 1201 HAYS STREET 82 4HASSEE FL 32301-252 83 84 City Zip Code 85 11. Pursuant to the previsions office or registered agent, agent. I am familiar vitte, a ida Statutes, the above-named corporation submits this statement for the purpose of changing its registered pg was authorized by the corporation's board of directors. I hereby accept the appointment as registered 05, Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change FARMAND, GINA S NAME 1.2 NAME 5023 SOMERSBY RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition TITLE 2.1 TITLE 4013 Jebb Island Cir. E CARROLL, LORRAINE A NAME 2.2 NAME adore 1088 LAURELWOOD DR. STREET ADDRESS Jacksomville FL 32257 CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-St-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP