

5-5-98 B-6393-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 625749 (7)			
1. Corporation Name DRIVER OIL, INC.			
Principal Place of Business 759 HOUSE WREN CIRCLE PALM HARBOR FL 34683		Mailing Address 759 HOUSE WREN CIRCLE PALM HARBOR FL 34683	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25	29	30
9. Name and Address of Current Registered Agent LEWIS, DWIGHT D. 369 W. MICHIGAN AVE. DELAND FL 32720		10. Name and Address of New Registered Agent	
		81 Name	JAMES D. COOPER
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	369 W. MICHIGAN AVE.
		84 City	DELAND FL 85 Zip Code 32720
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		James D. Cooper - Sec/Man 4/27/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8	1.1 TITLE	PRES.
NAME	LEWIS, LISA	1.2 NAME	MEHUL K. PATES
STREET ADDRESS	880 CARTER RD	1.3 STREET ADDRESS	759 HOUSE WREN CIRCLE
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD	2.1 TITLE	SEC-TREAS.
NAME	LEWIS, DWIGHT D	2.2 NAME	JAMES D. COOPER
STREET ADDRESS	880 CARTER RD	2.3 STREET ADDRESS	1833 ARDEN WAY
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1979

4. FEI Number
59-1831049

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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.

SIGNATURE: James D. Cooper - Sec/Man 4/27/98

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/27/98

CR2E034 (10/97)