

<h1>DOCUMENT # F33285</h1>									
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">A-A DRIVING SCHOOL, INC.</div>									
Principal Place of Business 2809 ART MUSEUM DR JACKSONVILLE FL 32207 US				Mailing Address 2809 ART MUSEUM DR JACKSONVILLE FL 32207-5046 US					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent									
O'DONNELL, JAMES D 2207 INDEPENDENT DR JACKSONVILLE FL FL 32202						Name			
						Street Address (line 1)			
						City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State					
11. OFFICERS AND DIRECTORS								12.	
TITLE	DP MCDOWELL, JACK G SR 1323 PALM AVE JACKSONVILLE FL			<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE			
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Jack G. McDowell Sr.</i> JACK G MCDOWELL SR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									

03-15-2000 90078 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2095449	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'DONNELL, JAMES D 2207 INDEPENDENT DR JACKSONVILLE FL FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCDOWELL, JACK G SR 1323 PALM AVE JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK G. McDOWELL SR. PRESIDENT (904) 399-2992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)