## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000004135 (9) DOCUMENT #

DRIVING EDGE, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 15 1998 8:00am Secretary of State



5178 WHEELIS DR., STE. NO. 5 MEMPHIS TN 38117		5178 WHEELIS DR., STE. MEMPHIS TN 38117	5178 WHEELIS DR., STE. NO. 5 MEMPHIS TN 38117		DO NOT WRITE, IN TH	IIS SPACE			
						3. Date Incorporated or Qualified 08/09/1994			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1	Applied For	
21		26	26			62-1337322		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				C. Continuation of Clares Decision	Fee F	Required	
City & State	<b>e</b>	<b>—</b>	City & State			6. Election Campaign Financing		) Мау <del>В</del> е	
23		28	· - ·			Trust Fund Contribution			
Zip	Country Zip		Country			8. This corporation owes or has paid the			
24	Q Name and Address of					Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent WRIGHT, MICHAEL E				I Na	ame				
ì	DIG ET AI								
ľ	SMITH, MACKINNON, HAR 5 S. ORANGE AVE., STE. 8	•	Street Ad		reet Addres	ss (P.O. Box Number is Not Acceptable)			
	LANDO FL 32801	500	83	╌					
011	ILANDO I E SZOVI		"						
			84	Ci	ty		85 Zip	Code	
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE DATE									
10	Signature, typed or printed name of regis	tered agent and title if applicable. (NOTE: RS AND DIRECTORS	Registered Ag	ent sig	nature required	d when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A			
12.	DP	DELETE	1,1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	BALTON, STEPHEN M		1,2 NAME						
STREET ADDRESS	5178 WHEELIS DR., ST	E. NO. 5	1.3 STREE		(FQC				
CITY-ST-ZIP	MEMPHIS TN 38117		1.4 CITY-					ļ	
TITLE	DS	DELETE	2.1 TITLE	31 - EII			Change	Addition	
NAME	JACKSON, TIM	<del>-</del>	2,2 NAME		]			_ ]	
STREET ADDRESS	5178 WHEELIS DR., ST	E. NO. 5	2.3 STREET ADDR		ess			İ	
CITY-ST-ZIP	MEMPHIS TN 38117		2. 4 CITY-						
TITLE		DELETE	3.1 TITLE				Change	☐ Addition	
NAME	_		3.2 NAME	3,2 NAME				_ }	
STREET ADDRESS			3.3 STREE		ESS			İ	
CITY-ST-ZIP			3.4. CITY-					1	
TITLE			4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDR	ESS	•			
CITY-ST-ZIP			4.4 CITY-		[			1	
TITLE		☐ DELETE	5.1 TITLE	_			Change	☐ Addition	
NAME			5.2 NAME		İ			ļ	
STREET ADDRESS			5.3 STREE	T ADDR	ESS			İ	
CITY-ST-ZIP			5.4 CITY - 3	\$T-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME		İ			ļ	
STREET ADDRESS			6.3 STREE	T ADDR	ESS			i	
CiTY-ST-ZIP			6.4 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 arguments 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in									
indicated on this almost report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chaoter 607. Florida Statutes, and that my name annears in									

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