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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500006307 1. Corporation Name

DRIVER LOGISTICS SERVICE, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90057 042 ***150.00



					<u> </u>		
Principal Place of Business Mailing Address							
1061 MAITLAND MAITLAND FL 3	1061 MAITLAND CENTER CO MAITLAND FL 32751			DO NOT WRITE IN THIS SP	ACE		
					3. Date Incorporated or Qualifed	AUL	 }
					12/28/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21 2		26			00 00 1200 1		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intang		_
24	25	<u> </u>	30		1 Croonary roperty rate:	Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		Ι	10. Name and Address of New Registered Age	ent	
WEE	NAM DODNEY D		81	Name			
KEENAN, RODNEY D 1061 MAITLAND CENTER COMMONS MAITLAND FL 32751			82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		85 Zip (Code
	·			L	poration submits this statement for the purpose of cha		societored
agent. I a SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statutes	i .	on's board of directors, I hereby accept the appointment of the appointment of the second of the appointment		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	ST	☐ DELETE	1.1 TITLE		,] Change	☐ Addition
NAME	KEENAN, RODNEY D		1.2 NAME				
STREET ADDRESS	1061 MAITLAND CENTER C	OMMONS	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-S	ST-ZIP			
TITLE	P	☐ DELETE	2.1 TITLE] Change	Addition
NAME	ELLIS, ALLAN J.		2.2 NAME		•		
STREET ADORESS	AGGA MARTI AND GENTED COMMONO			T ADDRESS	i		
CITY-ST-ZIP MAITLAND FL				ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS	e e e		
CITY-ST-ZIP	•		3.4. CITY-5				
TITLE	·	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				(
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	,		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		 -	6.2 NAME		_	-	
				T ADDRESS			
STREET ADDRESS			1				

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, with all other like empowered.