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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600002590 (5)

PRODRIVERS, INC.

Principal Place of Business

Mailing Address

592 N ELLIS ROAD, STE 105 JACKSONVILLE FL 32205 592 N ELLIS ROAD, STE 105

FILED May 07 1997 8:00am Secretary of State



JACKSONVILLE FL 32205		JACKSONVILLE FL 32254					
<u> </u>					3. Date Incorporated or Qualified 04/25/1996	3a. Date o	f Last Report
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 222 W. Las Colinas Blid.		84-1068367		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc. 27 \250		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	7.4	City & State 28 INIM	TX		Election Campaign Financing Trust Furid Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	^{71p} 75039	Countr 30	usa	8. This corporation has liability for a Florida Statutes	ntangible tax Yes 🔲 N	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Age	nt
NAT	TIONAL CORPORATE RESEARCI	H LTD,. INC.	81	Name			
140	6 HAYS STREET, STE #2		·		ress (P.O. Box Number is Not Acceptab	lo)	
TAL	LAHASSEE FL 32301						
			83				
			84	Cily	A Street Acts of the Acts of t	FL	5 Zip Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was	s authorized b	v the corporat	poration submits this statement for the pricion's board of directors. I hereby accept	urnose of cha	inging its registered ment as registered
SIGNATURE	Signature, typed or printed name of registered in	prit and title in applicable. (NC	DIL Hepistereo Ap	ent siquature requir	rea when Kenstabrig)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS IN 12
TITLE	PCD	☐ DELETE	1.1 TITL€				Change Additio
NAME	ENGLAND, DANIEL L		1,2 NAME				
STREET ADDRESS	222 W LAS COLINAS BLVD, 8	STE 1250	1.3 \$1REE	1 ADORESS			
CITY-ST-ZIP	IRVING TX		1.4 CHY-	\$1 - ZIP			
TITLE	V	☐ DELFTE	21 TILLE			LJ	Change [_] Additio
NAME	SAVAGE, ALAN C	NTP 1070	2.2 NAME				
STREET ADDRESS	222 W LAS COLINAS BLVD, S	SIE 1250	i	I ADDRESS			
CITY-ST-ZIP	IRVING TX VAST	DELETE	2. 4 CHY- 3.1 THLE	S1 - ZIP		····	Change Additio
NAME	RUSSO, STEPHEN J		3.2 NAME			Ц	Griange [_] Additio
STREET ADDRESS	222 W LAS COLINAS BLVD, S	RTF 1250		T ADDRESS			
CITY-ST-ZIP	IRVING TX	/1L 1EV0	3.3.3 (RE)				
TITLE	ST	DELE IL	4.1 TITLE	O1 111			Change Addition
NAME	BEDUHN, CANDICE M		4.2 NAME				
STREET ADDRESS	222 W LAS COLINAS BLVD, S	STE 1250	4.3 STHEE	I ADDRESS			
CITY-ST-ZIP	IRVING TX		4.4 CITY-5	ST - ZIP			
TITLE		DELETE	51 HH				Change Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	I ADDRESS			
CITY-ST-ZIP			5.4 CHY-5	51 ZIP			
TITLE		☐ DÉLETE	6.1 THE				Change
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	I ADDRESS			
DITY OF THE	İ						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this annual report of 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.