

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90156 020 ***150.00

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1. Corporation Name
PRODRIVERS, INC.

Principal Place of Business
7033 COMMON WEALTH AVE
SUITE #7
JACKSONVILLE FL 32220

Mailing Address
222 W. LAS COLINAS BLVD
1250
IRVING TX 75039
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

84-1068367

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAST	1.1 TITLE	VS
NAME	RUSSO, STEPHEN J	1.2 NAME	Mary-Knight Tyler
STREET ADDRESS	222 W LAS COLINAS BLVD, STE 1250	1.3 STREET ADDRESS	222 W. Las Colinas Blvd, # 1250
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	Irving TX 75039
TITLE	CPD	2.1 TITLE	T/AS
NAME	MANCIUALANO, MICHAEL F	2.2 NAME	Stanton Petty John
STREET ADDRESS	222 W. LAS COLINAS BLVD., SUITE 1250	2.3 STREET ADDRESS	222 W. Las Colinas Blvd. #1250
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	Irving, TX 75039
TITLE		3.1 TITLE	AS
NAME		3.2 NAME	Brenda Braumard
STREET ADDRESS		3.3 STREET ADDRESS	222 W. Las Colinas Blvd. #1250
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Irving, TX 75039
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	

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.

SIGNATURE: Michael Manciuano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)